COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
COMMITTEE REPORT
1350 Pennsylvania Avenue, NW, Washington, D.C. 20004

TO: Members of the Council of the District of Columbia

FROM: Christina Henderson, Chairperson
Committee on Health

DATE: December 12, 2023

SUBJECT: B25-0321 the Home Visiting Services Reimbursement Amendment Act of 2023

The Committee on Health, to which B25-0321, the "Home Visiting Services Reimbursement Act of 2023" was referred, reports favorably and recommends approval by the Council of the District of Columbia.

CONTENTS

I. BACKGROUND AND NEED

Bill 25-0321, the "Home Visiting Services Reimbursement Amendment Act of 2023", was introduced on June 9, 2023, by Councilmembers Nadeau, Lewis George, Robert White, Parker, and Allen. The bill was referred to the Committee on Health with comments from the Committee on Business and Economic Development on June 20, 2023.

This legislation would require Medicaid, the DC Healthcare Alliance, and the Immigrant Children's Program to cover and reimburse eligible evidence-based home visiting services beginning January 1, 2025. The Department of Health Care Finance (DHCF) would be required to consult with home visiting providers in the District to establish the appropriate eligibility criteria and reimbursement methodology and to submit an amendment to the District's Medicaid state plan to the Centers for Medicare & Medicaid Services (CMS) by December 31, 2024.

The Council has recognized the importance of home visiting services for several years and has provided grant support through the budget for several years. The bulk of grant funding for home visiting has been housed in DC Health, but in the Fiscal Year 2024 budget, the Committee moved some such grant funding to DHCF to begin the transition of home visiting services funding to the Medicaid program.

Home visiting services vary across provider organizations, but the general model includes services intended to support expectant parents, new parents, or legal guardians with infants, toddlers, and children up to 5 years of age. Home visiting services are provided by a trained professional in the participant's home and include individualized and culturally competent health, social, and educational services through weekly or monthly home visits.

Specific services provided through the program include pregnancy education; child development education; diet and nutrition education; stress management; sexually transmitted disease prevention education; tobacco use screening and cessation education; alcohol and other substance misuse screening and counseling; depression screening; postpartum depression education; domestic and intimate partner violence screening and education; breastfeeding support and education; guidance and education regarding well woman visits to obtain recommended preventive services; maternal-infant safety assessment and education; counseling regarding postpartum recovery, family planning, and needs of a newborn; assistance for the family in establishing a primary source of care and a primary provider; parenting skills, parent-child relationship building, and confidence building; child developmental screening at major developmental milestones from birth to two years old; facilitation of access to community or other resources that can improve birth-related or child outcomes; monitoring for high blood pressure or other complications of pregnancy; and nursing assessments of the post-partum mother and infant.

Home visiting models vary in age, but the general concept has been evaluated in more than 30 years of academic research studies. Results include reduced child abuse and neglect; fewer behavioral and intellectual problems in children at age 6; fewer criminal convictions of mothers; increased employment outcomes for mothers; fewer hypertensive disorders of pregnancy; decreased pre-term births and low-birthweight babies; and improved school readiness of the children.[1]

To date, 37 states have begun a pathway to Medicaid coverage, with 30 states having coverage fully implemented and 7 states in the process, pending approval by CMS. This legislation would have the District join the majority of states in supporting these important services that support families during the pivotal periods of pregnancy and early childhood development.

[1] County Health Rankings & Roadmaps, *Early Childhood Home Visiting Programs*, available at https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/early-childhood-home-visiting-programs (accessed Dec. 10, 2023); The U.S. Department of Health & Human Services, *Home Visiting Evidence of Effectiveness*, available at https://homvee.acf.hhs.gov/outcomes (accessed Dec. 10, 2023); Sandstrom, H. (2019). Early childhood home visiting programs and health. *Health Affairs Health Policy Brief,* available at https://www.healthaffairs.org/do/10.1377/hpb20190321.382895/ (accessed Dec. 10, 2023).

II. COMMITTEE PRINT CHANGES

The Committee Print makes a few changes from the introduced version after feedback from stakeholders during the hearing on the bill. First, to address DHCF's concerns regarding the time necessary to consult with stakeholders and develop an implementation plan, the Committee postponed implementation to allow for more consultation and development before a January 1, 2025 effective date for coverage. DHCF will now have until December 31, 2024, to submit the state plan amendment necessary to expand the coverage under Medicaid.

Second, the Committee Print incorporates more guidance for DHCF when establishing coverage and eligibility criteria by defining the target covered population. While DHCF will ultimately develop such criteria in consultation with home visiting providers and stakeholders, the Committee Print requires that it cover at least first-time expectant parents and expectant parents who have children under the age of 5 and who meet 3 or more medical, behavioral, or social risk factors. The list of qualifying risk factors will be determined by DHCF and the home visiting stakeholders. This change will set a minimum requirement so that at least this target covered population is covered, but DHCF has the authority to expand coverage beyond this defined population. The minimum requirements are based on current eligibility criteria employed by home visiting programs in the District. It is the hope that development of a sustainable funding source through the Medicaid and Alliance coverage will enhance the District's home visiting capacity such that expansion to a broader population in the future will be possible.

Third, the Committee Print makes the legislation amendatory and places the operative text in the Birth-to-Three for All DC Amendment Act of 2018. Under this Act, several of the terms defined in the introduced version are already defined, so the Committee Print is revised to eliminate duplicative definitions.

To reflect the changes in the Committee Print, the Committee has changed the name of the bill as introduced. The Committee Print is now entitled the "Home Visiting Services Reimbursement Amendment Act of 2023".

III. LEGISLATIVE CHRONOLOGY

June 9, 2023	B25-0321, the "Home Visiting Services Reimbursement Act of 2023" was introduced by Councilmember Nadeau, Lewis George, Robert White, Parker, and Allen.
June 20, 2023	B25-0321 was referred to the Committee on Health with comments from the Committee on Business and Economic Development.
June 23, 2023	Notice of Intent to Act on B25-0321 was published in the *D.C. Register*.
August 23, 2023	Notice of Public Hearing filed in the Office of the Secretary.
August 25, 2023	Notice of Public Hearing published in the *D.C. Register*.
October 4, 2023	Public Hearing on B25-0321.

November 29, 2023 Notice of Mark-up was filed in the Office of the Secretary.

December 12, 2023 B25-0321 is renamed the "Home Visiting Services Reimbursement Amendment Act of 2023" and is marked up by the Committee on Health.

III. POSITION OF THE EXECUTIVE

The Committee held a public hearing on October 4, 2023 on B25-0321, and received oral and written testimony from Melisa Byrd, the Interim Director of the DHCF. Ms. Byrd summarized the current state of home visiting programs in the District and the availability of services similar to home visiting services available through other types of providers. She noted that the District is committed to improving maternal and child health and is undertaking efforts to improve health outcomes and expand options for families to be successful. Ms. Byrd stated that Bill 25-0321 would build on existing programs by expanding access to home visiting services and leveraging federal Medicaid funding. She emphasized the importance of evidence-based program requirements to ensure effective, comprehensive services for families. Ms. Byrd expressed concern regarding the timeline for implementation noting that it could take substantial effort to determine appropriate reimbursement models for each of the varied home visiting models. She expressed DHCF's general support for home visiting services and for use of Medicaid funding to support such services.

IV. ADVISORY NEIGHBORHOOD COMMISSION

The Committee did not receive comments from any Advisory Neighborhood Commission.

V. SUMMARY OF PUBLIC TESTIMONY

On October 4, 2023, the Committee on Health held a public hearing on B25-0321, the "Home Visiting Services Reimbursement Amendment Act of 2023" and on B25-0419, the "Childhood Continuous Coverage Act of 2023". A video recording of this public hearing can be viewed at https://dc.granicus.com/MediaPlayer.php?view_id=9&clip_id=8455. All live testimony at the hearing and written testimony submitted to the Committee related to the Home Visiting Services Reimbursement Amendment Act of 2023 is available at https://lims.dccouncil.gov/Hearings/hearings/87.

Leah Castelaz, Policy Attorney, Children's Law Center

Leah Castelaz voiced her support for B25-321. Regarding B25-321, Ms. Castelaz noted two positives of the bill such as B25-321's inclusion of ambiguous language for DHCF's approach to the State Plan Amendment (SPA) and the bill's requirement that DCHF consult with home visiting providers and other relevant stakeholders to establish processes for billing and reimbursement of home visiting services. As for recommendations on B25-321, Ms. Castelaz emphasized that Medicaid reimbursement cannot be the only funding source for home visiting

programs in the District and that Medicaid funding must be skillfully braided with other funding sources like MIECHV and local dollars.

Fernanda Ruiz, Home Visiting Director, Mary's Center

Fernanda Ruiz voiced her support for B25-321, outlined the benefits of home visitors, and noted that 12 out of 17 home visiting programs could be eligible for Medicaid coverage and reimbursement under this legislation. She also noted that legislation's language allows for the remaining five programs to give access to Medicaid reimbursement in the future.

Aujanae Walker, Mary's Center's Nurse Family Partnership home visiting program

Aujanae Walker testified about her positive experience with home visiting through the Mary's Center's Nurse Family Partnership program. She supports this legislation because of the support it offers to expectant parents.

Aza Nedhari, Executive Director, Mamatoto Village

Aza Nedhari took issue with the efficacy verification process laid out in the bill. She pointed out that despite having demonstrated effectiveness and having the program data to prove efficiency, Mamatoto Village did not secure the resources to conduct an independent evaluation in partnership with a reputable research institution until 2019. The proposed bill, she emphasized, should include evaluation support for community-based organizations to assist in meeting the program efficacy requirements.

Felix Hernandez, Advocacy Program Manager, Mary's Center

Felix Hernandez voiced his support B25-32 and urged the Council to pass the legislation because it would allow home visiting providers to receive sustainable funding and further the work of home visitors.

Adam Barragan-Smith, Advocacy Manager, Educare DC

Adam Barragan-Smith voiced his support for B25-321 and emphasized the struggles that home visiting providers face. He noted that annual fluctuations in local funding and underinvestment leads to home visiting providers paying home visitors lower wages, which in turn, results in a high turnover of home visitors leaving the field for higher paying jobs.

Claudia Schlosberg, Public Witness

Claudia Schlosberg voiced her support for B25-321. She shared the history of Mary's Center's work providing the Nurse Family Partnership home visiting model. She noted that the District's expansion of Medicaid reimbursement would match dozens of other states that have integrated evidence-based home visiting into the care continuum for expectant mothers. She emphasized the importance of stakeholder engagement and consultation while DHCF is implementing the coverage and reimbursement.

Joan Yengo, Public Witness

Joan Yengo supports B25-321. With 27 years of knowledge in the home visiting field, Ms. Yengo emphasized her hope that, if passed, B25-321 will assist in paying Mary's Center's home visiting program staff a fair and competitive salary.

Tomeaka Jupiter, Training & Technical Assistance Team Lead, Prevent Child Abuse America

Tomeaka Jupiter gave examples of issues that prevent early childhood home visiting programs from receiving Medicaid reimbursement outside of the District, such as complex billing procedures, lack of capacity at community-based organizations to work with Medicaid, insufficient reimbursement rates, and lack of guidance on how to braid different funding streams to fully cover the cost of services. To prevent these issues, the Council must engage local home visiting providers during planning. This would ensure that the reimbursement process and rates are feasible and determine what capacity building or start-up funding might be needed, such as funding to adapt existing software to support billing. It is also important to consider the various funding streams that currently support home visiting in the District and work with providers to determine how those streams can be braided together to fully fund and expand the reach of these important services.

Mary Katherine West, Home Visiting Program Coordinator, DC Action

Mary Katherine-West voiced their support for B25-321 and noted that 13 of the District's 17 home visiting programs are likely to meet the evidence-based standards for reimbursement base on the legislation's Home Visiting Evidence of Effectiveness requirements. Those 12 programs are Bright Beginnings: Parents As Teachers, Community of Hope: Healthy Families America, Community of Hope: Parents As Teachers, Generation Hope: Parents As Teachers, Georgetown: Parents As Teachers, Healthy Babies Project: Healthy Families America, Matha's Table: Parents As Teachers, Mary's Center: Healthy Families America, Mary's Center: Parents As Teachers, Mary's Center: Nurse Family Partnership, Rosemount Center: Parents As Teachers, The Family Place: Home Instruction for Parents of Preschool Youngsters (HIPPY). She also noted that the B25-321 provides flexibility for the remaining programs to gain access to reimbursement if they are able to produce rigorous evidence that their program meets a comparable evidence-based standard.

Idis Argueta, Home Visitor, The Family Place

Idis Argueta voiced her support for B25-321. Ms. Argueta has 12 years of experience as a participant and home visitor and notes that families are hesitant to ask for help due to bureaucratic procedures that create fear and mistrust. She also notes that administrative procedures can also be overwhelming for visitors, which in turn, limits their ability to provide quality service to families. Overall, she supports B25-321 because it will support low-income families and grow the ability for The Family Place and other home visiting programs to reach more families.

Luis Chavez, Director of Operations and Human Resources, The Family Place

Luis Chavez voiced his support for B25-321, listed the benefits of home visiting services for families, and highlighted the need for stable funding for home visiting services post-pandemic.

Jenny Harper, Public Witness

Jenny Harper voiced her support for B25-321 and highlighted that, if passed, the District would join the 20 states that have implemented legislation granting Nurse-Family Partnership programs to be eligible to receive Medicaid reimbursements and the 37 states where billing pathways have been identified.

Deja Williams, Health Equity Organizer, SPACEs In Action

Deja Williams voiced her support for B25-321 and urged that the Council ensure that Medicaid reimbursement becomes a funding source for evidence-based home visiting programs in DC.

Fari Ghamina Tumpe, Public Witness

Fari Tumpe, a custodial grandmother of three children with unique healthcare needs, voiced her support for B25-321. Being a caretaker of three children with unique healthcare needs prompted her to become extremely familiar with general health care services and home visiting services.

Sharon Sprinkle, Co-Director, Nursing Practice, National Service Office for Nurse-Family Partnership and Child First

Sharon Sprinkle voiced her support for B25-321, highlighted the benefits of home visiting services for children and families, and shared that she was able to start a Nurse-Family Partnership's flagship site in her hometown in North Carolina.

Elisabeth Burak, Senior Research Fellow, Georgetown University Center for Children and Family

Elisabeth Burak leads the Center's work on Medicaid support for maternal health and early childhood development. Ms. Burak voiced her support for B25-419 and B25-321 and shared figures estimating that nine states have or are in the process of adopting between two-to-five-year continuous eligibility (CE) in Medicaid for young children.

Jessica Weisz, pediatrician, vice-president of DC AAP, DC Chapter of the American Academy of Pediatrics

Jessica Weisz, a primary care pediatrician, spoke on behalf of DC AAP. Dr. Weisz voiced her support for B25-321 and thanked the Council for their focus on early childhood.

Sonia Palomo, Public Witness

Sonia Palomo, a Program Manager for Mary's Center's Parents as Teachers home visiting program, voiced her support for B25-321 and discussed her passion for assisting women and families with their unique needs, building trust with families, and helping families access critical resources.

Sarah Barclay Hoffman, Early Childhood Innovation Network

Sarah Hoffman voiced her support for B25-321 and highlighted research pointing to benefits of Medicaid reimbursement, such as increasing access to home visiting programs and realizing cost savings.

Rosa Gonzalez, Public Witness

Rosa Gonzalez, a mother of three and recipient of Parents as Teachers' services, discussed her positive experience with Parents as Teachers and voiced her support for B25-321. Although she has enjoyed her experience with Parents as Teachers so far, she pointed out that she has had three Family Support Workers since she began participating in the program. She noted that each Family Support Worker was knowledgeable and gave her access to critical resources but the transition from one Family Support worker to another made her nervous about the program's stability, which is why she is supporting B25-321.

Cybele Yadiberet, Healthy Babies Project Program Coordinator

Cybele Yadiberet voiced her support for B25-321 and B25-419 and shared details about her work at Muriel House, a transitional home in southeast D.C. that provides short-term crisis housing for homeless or transient pregnant and parenting youth.

Evgenia Ogorodova, Home Visitor, Nurse-Family Partnership

Evgenia Ogorodova, voiced her support for B25-321, listed the benefits of home visiting for black and brown families, shared her personal experience as a home visitor, and urged the Council to pass the legislation because it would allow home visiting providers to receive stable funding.

Nashema McBeath, Public Witness

Nashema McBeath, an Educare DC Parent Ambassador, voiced her support for B25-321, highlighted the health disparities faced by Black women in the District, and urged the Council to pass B25-321.

Abayea Pelt, Senior Director of Maternal Child Health, Community of Hope

On B25-321, Abayea Pelt had two concerns regarding some of Community of Hope's home visiting programs. Community of Hope allows families going through difficult times to disengage and then reengage when they are ready. When families are experiencing difficult times and can't receive home visits, they conduct "creative outreach" which lets families know that

support is there when they are ready to come back to Community of Hope. In this case, families who are not receiving home visits are still on their caseload. Currently, funding tied to individual home visiting services vs. caseload size or per member per month would makes it more challenging to cover program costs. The proposed bill, she emphasized, can address these issues by ensuring that, during the planning process, there is a commitment to work with DC home visiting providers to develop a strategy for how this new funding will work in conjunction with other funding to cover the true cost of services. DHCF should also take time to learn how the various home visiting models work and structure the reimbursement to ensure each model can effectively support families.

Mary Ravens, Neonatologist, Children's National Hospital

Mary Ravens voiced her support for B25-321 and listed the benefits of home visiting services for families, and thanked the Health Committee for introducing the legislation.

Magali Ceballos, Intake and Community Engagement Manager, Mary's Center

Magali Ceballos voiced her support for B25-321, shared her personal experience with home visiting services, and urged that the Council pass the legislation.

Adrian Jordan, President and CEO, Amerigroup DC

Mr. Jordan stated that Amerigroup DC supports the home visiting programs as an important tool in the District's toolkit for addressing health disparities and advancing health equity.

Benjamin Hazelton, Director of Government & Community Engagement, Parents as Teachers National Center

Mr. Hazelton provided information regarding the parents as teachers model and shared evidence from academic research of effectiveness of that program. He emphasized the importance of integrating family support within the context of home visiting to enhance health and wellbeing.

Jazmine Brazier, Youth Services Director, Healthy Babies Project

Jazmine Brazier submitted written testimony in support of B25-321. She described her history as a home visitor and the impact that the services have on expectant parents and families. She voiced strong support for the legislation.

Karen Dale, Market President and CEO, AmeriHealth Caritas

Ms. Dale voiced her support for B25-321. She noted the importance of evidence-based home visiting services to reduce risks and improve health and birth outcomes for mothers and infants. She emphasized the progress these services are likely to make in reducing health disparities.

Tomeaka Jupiter, Training and Technical Assistance Team Lead, Health Families America

Tomeaka Jupiter provided testimony to share information about Medicaid for early childhood home visiting in other jurisdictions. She stated that it is critical for DHCF to consider how to structure the reimbursement for home visiting services to ensure the services are provided to families who need them most. She emphasized the importance of DHCF engaging home visiting provider stakeholders to ensure proper reimbursement.

Tiffany Williams, *President & CEO, Martha's Table*

Ms. Williams testified in strong support of B25-321. She said that the legislation would provide a cost-effective method of increasing investments in preventive services that support and strengthen families and help them thrive.

Rakeeta Steele, Public Witness

Ms. Steele testified regarding her experience with Healthy Babies Project. She described the importance of the home visiting services during her pregnancy. She is training to become a Family Support Coach with the program to be able to support other mothers the way she was supported. She urged support of the legislation.

Pamela Lotke, Director of Family Planning, MedStar Washington Hospital Center an Associate Professor of OBGYN at Georgetown University School of Medicine

Dr. Lotke expressed strong support for B25-321. She said it is imperative that the District provide support and wrap around services for expectant mothers who are at highest risk for complications and poor birth outcomes.

Mary Revenis, neonatologist, DC American Academy of Pediatrics

Dr. Revenis shared support of B25-321 on behalf of the neonatologists in the DC American Academy of Pedriatrics. She highlighted the benefits home visiting services have in reducing rates of preterm delivery which is a key source of health disparities in the District. She emphasized the importance of stable finaning for home visiting services to reduce disparities in maternal morbidity and infant mortality in the District.

VI. IMPACT ON EXISTING LAW

B24-0321 adds a new section 111 to Title I of the Birth-to-Three for All DC Amendment Act of 2018 to extend health insurance through Medicaid, DC HealthCare Alliance, and the Immigrant Children's Program for eligible home visiting services. The legislation requires DHCF to consult with stakeholders to determine coverage and eligibility criteria and to develop the reimbursement methodology. DHCF is required to submit a state plan amendment to CMS to implement coverage under the Medicaid program.

VII. FISCAL IMPACT STATEMENT

The attached December 11, 2023, fiscal impact statement from the District's Chief Financial Officer states that funds are not sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill. The bill will cost $8.2 million ($3.02 million local; $5.18 million federal) in fiscal year 2025 and $34.8 million ($12.8 million local; $22 million federal) over the financial plan.

VIII. RACIAL EQUITY IMPACT ASSESSMENT

The attached December 12, 2023 racial equity impact assessment from the District's Council Office of Racial Equity states that the racial equity impact of Bill 25-0321 on the lives of Black, Indigenous, and other residents of color positive, and that Bill 25-0321 will likely improve infant and maternal health outcomes for Black and Latine families in the District and will likely improve economic security for Black and Latine home visitors in the District.

COMMITTEE RESPONSE

The Committee appreciates the racial equity impact assessment and agrees that the racial equity effects of this bill will likely be positive, supporting the health of expecting and new parents and children, and improving economic outcomes for parents and school readiness for children, as illustrated in the academic research on home visiting.

IX. SECTION BY SECTION ANALYSIS

Section 1 contains the long and short titles of the legislation.

Section 2 amends section 111 to Title I of the Birth-to-Three for All DC Amendment Act of 2018 to extend health insurance through Medicaid, DC HealthCare Alliance, and the Immigrant Children's Program for eligible home visiting services.

Section 3 contains the fiscal impact statement.

Section 4 contains the effective date.

X. COMMITTEE ACTION

On December 12, 2023, the Committee on Health convened a mark-up at 12:05pm on B25-0321, the "Home Visiting Services Reimbursement Amendment Act of 2023." Present and voting were Chairperson Christina Henderson and Councilmembers Charles Allen, Vincent Gray, and Brianne Nadeau. Chairperson Henderson gave a description of B25-0321 before opening the floor for comments from the members.

Councilmember Nadeau stated that she introduced this bill because she believes in the effectiveness of home visiting and the importance of expanding these services. She said that as a mother of two children, she knows how overwhelming it is to bring home new baby, and that this bill aims to ensure access to services that support mothers' health and the health of new children. She described how the first few years of a child's life are critical for child development, including cognitive, language, literacy, emotions abilities, and that the trauma of poverty has short term and long term impacts on health disparities. She explained that parental coaching and guidance are some of the most effective interventions available to relieve the stress of poverty. She said that as her time as the Human Services Chair, she dedicated funds to the home visiting grants, but that ensuring coverage under Medicaid would make these services available to far more parents.

Hearing no further comments, Chairperson Henderson then moved for block approval of the Committee Print and the Committee Report of B25-0321. The Committee voted unanimously (4-0) to approve the Committee Print and the Committee Report.

YES: Henderson, Allen, Gray, Nadeau

NO: 0

The meeting was adjourned.

XI. ATTACHMENTS

A. B25-0321 as introduced, with Statement of Introduction and Referral Memo
B. Written testimony submitted to the Committee on Health
C. Racial Equity Impact Assessment
D. Fiscal Impact Statement
E. Legal sufficiency determination
F. Committee Print of B25-0321

ATTACHMENT
A

Councilmember Zachary Parker

Councilmember Brianne K. Nadeau

Councilmember Charles Allen

Councilmember Janeese Lewis George

Councilmember Robert C. White, Jr.

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To extend health insurance coverage through Medicaid, the DC HealthCare Alliance Program, and the Immigrant Children's Program to cover and reimburse eligible home visiting services.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Home Visiting Services Reimbursement Act of 2023".

Sec. 2. Definitions.

(a) "Evidence-based home visiting program" means a program that:

(1) Supports expectant parents, parents, or legal guardians with infants, toddlers, and children between 3 and 5 years of age, primarily in the home;

(2) Provides access to individualized and culturally-competent health, social, and educational services through weekly or monthly home visits to promote positive child health and

development outcomes, including healthy home environments, healthy birth outcomes, and a reduction in adverse childhood experiences; and

(3) Conforms to a home visitation model that has been in existence for at least 3 years and:

(A) Is research-based and grounded in relevant empirically-based knowledge; (B) Has demonstrated program-determined outcomes;

(C) Is associated with a national organization, institution of higher education, or other organization that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; and

(D) Meets U.S. Department of Health and Human Services criteria for evidence of effectiveness as determined by a Home Visiting Evidence of Effectiveness review or meets substantially equivalent criteria for evidence of effectiveness as determined by a credible, independent academic or research organization.

(b) "Home visiting services" means services provided by a home visitor through an evidence-based home visiting program in the program participant's home or, where indicated as appropriate by the home visiting program, in a community setting or virtually, including:

(1) Pregnancy education;

(2) Child development education;

(3) Diet and nutritional education;

(4) Stress management;

(5) Sexually-transmitted disease (STD) prevention education;

(6) Tobacco use screening and cessation education;

(7) Alcohol and other substance misuse screening and counseling;

(8) Depression screening;

(9) Postpartum depression education;

(10) Domestic and intimate partner violence screening and education;

(11) Breastfeeding support and education;

(12) Guidance and education with regard to well woman visits to obtain recommended preventive services;

(13) Maternal-infant safety assessment and education;

(14) Counseling regarding postpartum recovery, family planning, and needs of a newborn;

(15) Assistance for the family in establishing a primary source of care and a primary provider;

(16) Parenting skills, parent-child relationship building, and confidence building

(17) Child developmental screening at major developmental milestones from birth to two years old;

(18) Facilitation of access to community or other resources that can improve birth-related outcomes such as:

(A) Transportation;

(B) Housing;

(C) Alcohol, tobacco, and drug cessation;

(D) the Women, Infant, and Children Program;

(E) the Supplemental Nutrition Assistance Program; and

(F) Intimate partner violence resources;

(19) Monitoring for high blood pressure or other complications of pregnancy; and

(20) Nursing assessment of the postpartum mother and infant.

(c) "Home visitor" means a trained individual who provides home visiting services, primarily in families' homes.

(d) "Medicaid" means the medical assistance programs authorized by title XIX of the Social Security Act, approved July 30, 1965 (79 Stat. 343; 42 U.S.C. § 1396 et seq.) and by D.C. Official Code § 1-307.02, and administered by the Department of Health Care Finance.

(e) "Postpartum" means the time after delivery when maternal physiological changes related to pregnancy return to the nonpregnant state, which may last for as long as 12 months after delivery.

Sec. 3. Medicaid reimbursement for home visiting services.

(a) By October 1, 2024, health insurance coverage through Medicaid or the DC HealthCare Alliance and the Immigrant Children's Programs shall cover and reimburse eligible home visiting services; except, that no Medicaid payment shall be made until such time that the Centers for Medicare and Medicaid Services approves the Medicaid state plan amendment described in subsection (b) of this section.

(b) (1) Within six months after the effective date of this act, the Department of Health Care Finance ("DHCF") shall submit for approval from the Centers for Medicare and Medicaid Services an amendment to the Medicaid state plan to authorize the Medicaid payments described in this section.

(2) While preparing the Medicaid state plan amendment application, DHCF shall:

(A) In consultation with organizations providing home visiting services and other relevant entities, establish processes for billing and reimbursement of home visiting services, including:

(i) Setting competitive reimbursement rates;

(ii) Developing program support and training for home visitors to facilitate billing; and

(iii) Assessing the viability of incentive payments to home visitors whose clients attend postpartum appointments with a medical provider.

(B) In consultation with the Department of Health and other relevant entities, issue rules to determine eligibility for reimbursement by Medicaid, the DC HealthCare Alliance, and the Immigrant Children's Program.

Sec. 4. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 5. Effective date.

This act shall take effect after approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

COUNCIL OF THE DISTRICT OF COLUMBIA
1350 Pennsylvania Avenue, N.W.
Washington D.C. 20004

Memorandum

To : Members of the Council

From : Nyasha Smith, Secretary to the Council

Date : Wednesday, June 14, 2023

Subject : Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Office of the Secretary on Friday, June 09, 2023. Copies are available in Room 10, the Legislative Services Division.

TITLE: "Home Visiting Services Reimbursement Act of 2023", B25-0321

INTRODUCED BY: Councilmembers Nadeau, Lewis George, R. White, Parker, and Allen

The Chairman is referring this legislation to the Committee on Health with comments from the Committee on Business and Economic Development.

Attachment
cc: General Counsel
Budget Director
Legislative Services

ATTACHMENT
B

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
NOTICE OF PUBLIC HEARING
1350 Pennsylvania Avenue, NW, Washington, DC 20004

COUNCILMEMBER CHRISTINA HENDERSON, CHAIRPERSON
COMMITTEE ON HEALTH
ANNOUNCES A PUBLIC HEARING

ON

B25-0321 - Home Visiting Services Reimbursement Act of 2023

AND

B25-0419 - Childhood Continuous Coverage Act of 2023

ON

Wednesday October 4, 2023, 9:30 a.m.
Hybrid in Room 500 and Virtual via Zoom
To Watch Live:
https://dccouncil.gov/council-videos/
https://www.christinahendersondc.com/live
https://www.youtube.com/@cmchenderson

Councilmember Christina Henderson, Chair of the Committee on Health, announces a public hearing on B25-0321 - Home Visiting Services Reimbursement Act of 2023 and B25-0419 - Childhood Continuous Coverage Act of 2023. The hearing will be held at 9:30 a.m. on Wednesday October 4, 2023.

The stated purpose of B25-321 is to extend health insurance coverage through Medicaid, the DC HealthCare Alliance Program, and the Immigrant Children's Program to cover and reimburse eligible home visiting services. The stated purpose of B25-419 is to require that any child enrolled in Medicaid, the Children's Health Insurance Program (CHIP), or the Immigrant Children's Program during the ages of zero to five years old will not face a redetermination or risk losing coverage under the program until the end of the month in which they turn six years old.

The roundtable will have a hybrid format, with the government appearing in-person, and the public witnesses appearing virtually using the Zoom platform. Public witnesses will have 5 minutes to speak if they are representing an organization, and 3 minutes if they are speaking for themselves. The public should sign up at https://lims.dccouncil.gov/Hearings. Witnesses who

anticipate needing spoken language interpretation, or require sign language interpretation, are requested to inform the Committee office of the need as soon as possible but no later than five business days before the proceeding. We will make every effort to fulfill timely requests, although alternatives may be offered. Requests received in less than five business days may not be fulfilled. If you have additional questions, please email Ashley Strange, Legislative Assistant at astrange@dccouncil.gov.

Testimony should be submitted through the Council's Hearing Management System https://lims.dccouncil.gov/hearings in advance of the hearing. Testimony will be publicly accessible upon Committee review. If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Statements for the record should be submitted through the Hearing Management System or left by voicemail by calling (202) 430-6046. The record will close at 5:00pm on Wednesday October 18, 2023.

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
NOTICE OF PUBLIC HEARING
1350 Pennsylvania Avenue, NW, Washington, DC 20004

COUNCILMEMBER CHRISTINA HENDERSON, CHAIRPERSON
COMMITTEE ON HEALTH
ANNOUNCES A PUBLIC HEARING

ON

B25-0321 - Home Visiting Services Reimbursement Act of 2023

AND

B25-0419 - Childhood Continuous Coverage Act of 2023

ON

Wednesday, October 4, 2023, 9:30 a.m.
Hybrid in Room 500 and Virtual via Zoom
To Watch Live:
https://dccouncil.gov/council-videos/
https://www.christinahendersondc.com/live
https://www.youtube.com/@cmchenderson

Witnesses

1. Leah Castelaz, Policy Attorney, Children's Law Center
2. Fernanda Ruiz, Home Visiting Director, Mary's Center
3. Felix Hernandez, Advocacy Program Manager, Mary's Center
4. Misha Hill, Partnerships and Advocacy Manager, Mamatoto Village
5. Aza Nedhari, Executive Director, Mamatoto Village
6. Adam Barragan-Smith, Advocacy Manager, Educare DC
7. Claudia Schlosberg, Public Witness

8. Joan Yengo, Public Witness

9. Tomeaka Jupiter, Training & Technical Assistance Team Lead, Prevent Child Abuse America

10. Diana Castillo, Public Witness

11. Jessica Weisz, pediatrician, vice-president of DC AAP, DC Chapter of the American Academy of Pediatrics

12. Mary Revenis, DC American Academy of Pediatrics

13. Mary Katherine West, Home Visiting Program Coordinator, DC Action

14. Sade Taylor, Public Witness

15. Idis Argueta, Home Visitor, The Family Place

16. Luis Chavez, Director of Operations and Human Resources, The Family Place

17. Jenny Harper, Public Witness

18. Deja Williams, Health Equity Organizer, SPACEs In Action

19. Fari Ghamina Tumpe, Public Witness

20. Sharon Sprinkle, Co-Director, Nursing Practice, National Service Office for Nurse Family Partnership and Child First

21. Rosa Gonzalez, Public Witness*

22. Elisabeth Burak, Senior Research Fellow, Georgetown University Center for Children and Family

23. Sonia Palomo, Public Witness

24. Sarah Barclay Hoffman, Early Childhood Innovation Network

25. Tonya Vidal Kinlow, Children's National Hospital

26. Rosa Gonzalez, Public Witness

27. Christian Carter, Public Witness

28. Evgenia Ogorodova, Public Witness

29. Nashema McBeath, Public Witness

30. Tollie B. Elliott, Sr., M.D.

31. Abayea Pelt, Senior Director of Maternal Child Health, Community of Hope

Government Witnesses

1. Melisa Byrd, Interim Director, Department of Health Care Finance

Council of the District of Columbia
Hearing on B25-0321
Home Visiting Services Reimbursement Act of 2023
Abayea Pelt, Senior Director of Maternal Child Health, Community of Hope
October 4, 2023

Chairperson Henderson, and members of the Committee on Health, thank you for the opportunity to testify before you today. My name is Abayea Pelt, Senior Director of Maternal Child Health at Community of Hope. Community of Hope is a Federally Qualified Health Center and provider of services for families experiencing homelessness in Washington, DC. I am also a lifelong resident of DC and a current resident of Ward 5. I am grateful to speak to you in support of Bill 25-0321 Home Visiting Services Reimbursement Act of 2023, which we believe will provide necessary funding that can be braided into existing sources of funding for home visiting services.

I oversee multiple perinatal programs including our Healthy Families America and Parents as Teachers programs, two evidence-based early childhood home visiting models.

I began working with Healthy Families America, or HFA, as a Family Case Management Coordinator in 2015. I supervised and maintained a small caseload of families. In 2017, I became an HFA program manager; and in 2019, I took on my current role.

You have heard about the Healthy Families America program, which Community of Hope has implemented since 2015. Since 2019, we have also implemented Parents as Teachers, or PAT, with support from the DC Council. PAT is a comprehensive parent education home visiting model that utilizes a research-based curriculum to support families with children prenatal through kindergarten.

Through our HFA and PAT programs, Community of Hope serves at least 90 families per year. Most of our referrals come from our organization's three health centers and our free-standing birth center. We serve families who live in Wards 5, 7, and 8, or who are homeless. As you well know, these wards are the most under resourced areas of Washington, DC and have the highest rates of infant mortality.

I can tell you firsthand that being a home visitor is incredibly rewarding and challenging. Most of the families we serve have histories of trauma. They are also dealing with current challenges such as housing instability, interpersonal violence, and other things that disrupt their daily lives. Most have experienced significant losses, including having lost important relationships with other service providers. This greatly impacts their ability to build trust, especially with those seeking to support them.

As a result, our home visitors' first and primary focus is to build a trusting relationship with the family. We bring the service to them, in their home, where they feel most comfortable. We take a strengths-based, trauma-informed approach. These families are facing challenges and have amazing strengths. We build on that, taking a participant-centered approach where the parents are in the driver's seat, identifying goals, and the information or topics they are most interested in.

Community of Hope is excited about the potential to expand evidence-based home visiting through Medicaid, the DC HealthCare Alliance Program, and the Immigrant Children's program. The demand is there, and more families could benefit.

We also have lessons learned to share. Community of Hope has lots of experience with Medicaid reimbursement for services through the My Health GPS program, the Permanent Supportive Housing program, and new doula coverage. Often rates are set without incorporating the costs of effectively managing programs at scale which includes management, supervision, infrastructure and overhead costs. With inflation, these costs change quickly. There are a lot of logistics to referral, enrollment, and engagement which also contribute to real costs. We hope that a rate setting process for home visiting should sufficiently understand these real costs to maintain high quality programming.

Another concern is related to how we support families and what that means for reimbursement. I spoke to you earlier about the families we serve and the challenges they face. To effectively support them, we often take small steps towards building relationships. We allow space for parents to pull back, maybe deal with a crisis, and then re-engage. When families are experiencing difficult times and can't receive home visits, we conduct "creative outreach," an HFA approach that maintains contact and lets families know that we are committed and here to support them when they are ready to reengage. This means that we carry families on our caseload even when they may not be receiving home visits. This flexible, trauma-informed, and family-centered approach is how we get results, but it means that funding tied to individual home visiting services vs. caseload size or per member per month would make it more challenging to cover our program costs.

These challenges can be addressed by ensuring that, during the planning process, there is a commitment to work with DC home visiting providers to develop a strategy for how this new funding will work in conjunction with other funding to cover the true cost of services. In addition, DHCF should take time to learn how the various home visiting models work and structure the reimbursement to ensure each model can effectively support families.

I thank you for your effort to stabilize and expand early childhood home visiting, and I appreciate the opportunity to speak with you this morning. I look forward to further conversation.

EDUCARE
WASHINGTON, DC

DC Council Committee on Health

Adam Barragan-Smith

Advocacy Manager, Educare DC

October 4, 2023

Good morning Chairwoman Henderson and members of the committee. My name is Adam Barragan-Smith and I am a member of the Under3DC coalition and the Advocacy Manager at Educare DC, a pre-natal to Pre-K non-profit organization serving over 400 children and their families in Wards 7 and 8.

Evidenced-based home visiting programs provide a range of important services, including prenatal and postpartum support, which enable women to receive timely medical attention, nutrition education, and mental health services. These services are critical as the country, and the District even more acutely, is experiencing a maternal mortality crisis.

According to the District of Columbia Office of the Chief Medical Examiner's Maternal Mortality Review Committee's 2019-2020 Annual Report, the District's pregnancy-related mortality rate of 44 deaths per 100,000 live births was significantly higher than the national rate of 28 deaths per 100,000 live births between 2014-2018.[1] And there are clear racial disparities, with non-Hispanic Black mothers accounting for 92% of pregnancy associated deaths and 70% being Ward 7 and Ward 8 residents.[2]

The District is fortunate to have multiple evidence-based home visiting programs that are proven to mitigate these racial and ethnic disparities in maternal health outcomes[3].

Unfortunately, due to annual fluctuations in local funding and underinvestment, the District's home-visiting providers struggle to pay home visitors the wages they deserve. This has resulted in a revolving door workforce as qualified home visitors leave for higher paying jobs, ultimately restricting access to families. The DC Council can address these issues by passing The Home Visiting Services Reimbursement Act to ensure that home-visiting programs have durable and sustainable funding.

Twenty eight states currently reimburse evidence-based home visiting programs with Medicaid funds, and studies of their programs have found that they expanded access to home visiting[4] and reduced costs due to decreases in avoidable utilization of healthcare services.[5]

Medicaid reimbursement is fiscally responsible. Every budget year, advocates ask for greater local investment in home visiting programs. If they were reimbursed through Medicaid, it would optimize the District's investment and bolster the financial sustainability of home visiting programs.

Thank you for the opportunity to testify this morning. I am happy to answer questions.

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[1] District of Columbia Office of the Chief Medical Examiner. Maternal Mortality Review Committee Annual Report (dc.gov), December 2021.
[2] District of Columbia Office of the Chief Medical Examiner. Maternal Mortality Review Committee Annual Report (dc.gov), December 2021.
[3] M. Park, C. Katsiaficas. "Leveraging the Potential of Home Visiting Programs to Serve Immigrant and Dual Language Learner Families." Migration Policy Institute, August 2019. Available at: https://www.migrationpolicy.org/sites/default/files/publications/NCIIP-HomeVisiting-Final.pdf.
[4] National Academy for State Health Policy. Medicaid Reimbursement for Home Visiting: Findings from a 50-State Analysis. May 2023. Medicaid Reimbursement for Home Visiting: Findings from a 50-State Analysis - NASHP.
[5] Michalopoulos, C., et al., "Evidence on the Long-term Effects of Home Visiting Programs: Laying the Groundwork for Long-term Follow-up in the Mother and Infant Home Visiting Program Evaluation," OPRE Report, September 2017. https://files.eric.ed.gov/fulltext/ED579153.pdf.

Good morning, Councilwoman Henderson and other members of the Council. Thank you for the opportunity to speak before the Committee on Health. My name is Aza Nedhari, and I am a Certified Professional Midwife, therapist, Maternal Mortality Review Committee Co-Chair, and co-founder and Executive Director of Mamatoto Village. I am here today to testify on behalf of Mamatoto Village in support of the Home Visiting Services Reimbursement Act of 2023.

Mamatoto Village is a Black-led nonprofit organization located in Ward 7. Our work lives at the intersection of direct service via home visitation to pregnant and parenting people, primarily in Wards 5, 7, and 8, and workforce development with the goal of diversifying the maternal health workforce and cultivating career opportunities for Black women it the DC region, leading to family-sustaining income. In our 10 years of service, we have serve nearly 3,000 pregnant and postpartum people and their families and maintained a 0% maternal mortality rate by delivering culturally congruent and respectful care through our innovative home visitation program, Mothers Rising, which delivers care in a team based approach. In contrast, according to the latest data from the Maternal Mortality Review Committee, although Black birthing people account for only half of the births in DC, we account for 90% of all pregnancy-related deaths. Over 77% of pregnancy-related deaths in DC are suffered by residents of wards 7 and 8.[1]

We applaud the Council for the introduction of this bill, and we strongly support the intent of this bill, and given our organizations eight (8) year history with Medicaid coverage for home visiting, I want to offer some additional guidance particularly as it pertains to the implementation and the feasibility of this legislation in pratice. It is of upmost importance that supportive infrastructure for evaluation, technical assistance, and sustainable financial investment is in place before this bill becomes law.

Validation Based On Whose Standards

Verifying the efficacy of home visiting programs is essential. However, the nature of such verification poses barriers to under-resourced organizations and situates the need for "validation" of culturally resonant model of care and ways of knowing as precursor to legitimacy as defined by standards often misaligned by the community. This process of achieving "legitimancy" is in opposition the bill's stated goal of encouraging culturally specific home visiting programs which can only evolve through equitable and anti-racist frameworks that validates community practices of healing, models of care, and ways of knowing.

Although we had the program data and outcomes and demonstrated effectiveness in the communities we served since our home visiting program began in 2015, we did not secure the resources to conduct an independent evaluation in partnership with a reputable research institution until 2019.

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[1] Nedhari, A., Marea, C. X., Beebe-Aryee, J., Martin, T. T., &; Byrd, T. (2021, December). Maternal Mortality Review Committee 2019-2020 Annual Report. Maternal Mortality Review Committee Annual Report_Finalv2. https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/Maternal%20Mortality%20Review%20Committee%20Annual%20Report_Finalv2.pdf?bcs-agent-scanner=367cce69-1b75-6c4b-891c-39463f2e6407

We recommend the Council ensure that evaluation support is available from the DC Health to assist community-based organizations in meeting the program efficacy requirements. There should be tailored and clearly outlined process developed in collaboration with community-based organizations, to meet the evaluation requirements, with sustainable funding available (through grants) for obtaining/developing adequate technology and software, building staffing and organizational capacity to track, manage, and analyze data, establish QA/QI processes, key performance indicators, and support a community data repository.

A Thriving Wage is Economic Justice

Since 2015, Mamatoto Village has contracted with all four (4) Medicaid Managed Care Organizations in the District to deliver its home visitation program. We have an established fee structure that aligns to our model of care. We are not credentialed through Medicaid, but rather have contracts with each individual MCO. In FY22 MCO Reimbursement accounted for 16% of the total revenue of the organization. To deliver the Mothers Rising program and ensure an equitable wage for our supervisory and frontline staff, the total cost is $1.8M. Medicaid reimbursement provides 35% coverage and the remaining amount is covered by grant funding and donations.

The reimbursement rate for home visitation must be sufficient to provide a thriving wage for home visiting staff and to ensure that organizations enrolling as Medicaid providers, experience no undue administrative burden. Nationally, home visitors earn, on average, $713 per week, according to a 2018 study. Despite inflation and the elevated cost of living in the District, a 2021 survey of home visitors by the DC Home Visiting Council found the median annual full-time salary for survey participants was $37,000, slightly lower than the national average. Community-based organizations often experience a high turnover of home-visiting staff. According to survey respondents, in addition to seeking a better work-life balance, many home visitors leave the profession because of low pay.[2]

Home visitors are frontline responders to families in times of great transition and assist families in navigating many social determinants and structural barrier. They carry a heavy emotional burden to the nature of their work and therefore should be resourced appropriately. At Mamatoto Village, our full-time PCHWs (our version of home visitors) work 32 hours a week and earn an average annual salary of $54K-$57K per year with an FY24 increase to $60K, they are provided with technology, including a dedicated phone number, monthly professional development, transportation reimbursement, and adequate leave to support their emotional wellness. Thanks to these and other supports we have not experienced high rates of home visitor attrition. We hope to serve as an example of how adequately compensating home visitors allows them to serve the communities to the best of their ability and ensure that program participants receive the quality care they deserve.

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[2] DC Home Visiting Council. (2021). Voice from the Field: The Experiences of the District's Home Visitors. home_visitors_experience_report final_english.pdf. http://www.dchomevisiting.org/uploads/1/1/9/0/119003017/home_visitors_experience_report-final_english.pdf

Council should look to the dearth of doulas enrolled as Medicaid providers after the passage of the Doula Services Amendment Act of 2021 as a cautionary tale. Doulas in the District can and should earn more than the Medicaid reimbursement rates for the life-protecting services they provide. But because of the administrative barriers to Medicaid enrollment, low reimbursement rates, and the attempt to regulate doula practice, there has been an incredibly low number of doulas enrolled as Medicaid providers. This phenomenon is also been seen in our neighboring state of Maryland, where they have no doulas enrolled in their Medicaid program.

Adequately resourcing our frontline staff can support the transformation of maternal and child health outcomes in the District and ensuring that the workforce is culturally reflexive of the community served and that families have care team they need to thrive. Medicaid reimbursement for home visiting services is an important strategy to offer a pathway towards sustainable funding to deliver high quality, impactful safety net services that help to ensure that race and class are not predictors of ones life course.

Quote from a participate on the impact of home visiting:

“I may not have family but you all never left my side. I pray we get to be around a life time. I wouldn’t no what love was or felt like until meeting you all. It's been the best thing to happen to us. We love our auntie mamas at Mamatoto for life. One day I'll get to pour into Mamatoto and contribute like you've done for me and my kiddos.”

Every child is healthy, safe, learning and ready for school.

Council of the District of Columbia
Hearing on B25-0321
Home Visiting Services Reimbursement Act of 2023
Testimony of Benjamim Hazelton
Director of Government & Community Engagement, Parents as Teachers National Center
October 4, 2023

Good morning, Chair Mendelson and members of the Committee on Health. My name is Benjamin Hazelton, I am the Director of Government & Community Engagement at Parents as Teachers National Center and a new member of the District of Columbia Home Visiting Council. I believe strongly that healthy and thriving families are essential for flourishing communities and a robust democracy.

Parents as Teachers is an international, evidence-based home visiting model designed to provide the information, support and encouragement parents need to help their children develop optimally during the crucial early years of life. Parents as Teachers serves families from pregnancy until their child finishes kindergarten, working with parents to improve parenting practices and to promote healthy child development, school readiness and success, and family wellbeing. The program model can be replicated by many types of organizations including health departments, nonprofit organizations, hospitals, and school districts.

Historically known for impacts on child development, positive parenting, reductions in child abuse and neglect, and school readiness, Parents as Teachers also is building evidence on our impacts on health.

- An analysis survey of 355 adolescent parents found that seven or more prenatal Parents as Teachers personal visits, reduced the chance of a low birthweight delivery to 2.5% for adolescent birthing people. The National Center released a new curriculum in September that is designed to improve support for prenatal and postpartum families and continue to improve healthy birth outcomes.
- Pairing doulas with Parents as Teachers at the Show me Strong Families affiliate in St. Louis, 100% of the pregnant participants reported a positive birth experience, 94% delivered without health complications, 88% were healthy birthweight and 88% of the participants initiated chest feeding.
- A randomized control trial of a weight control program delivered through Parents as Teachers in a project that focused on socioeconomically disadvantaged Black women showed that participants gained less weight weekly during gestation. The group also gained less body fat and showed lower increases in plasma insulin and systolic blood pressure. In a follow-up study the group gained less weight and were more likely to return to their baseline weight.
- In another study in which a lifestyle intervention was embedded in Parents as teachers model delivery (Healthy Eating & Active Lifestyle) targeting overweight and obese black mothers of preschool children at risk for excess weight, there was a 5% weight loss at 24 months. In addition, there was a significant sugar intake reduction that was maintained at 24 months and an increase in activity from low or moderate to high.

- A health literacy demonstration project, conducted with Parents as Teachers in Missouri, found significant improvements in the use of prenatal care, use of well-child care, use of child dental care and child immunizations.
- Children in families receiving Parents as Teachers support are five times more likely to be fully immunized and less likely to have been treated for an injury in the previous year. Additionally, PAT children are more likely to meet the American Academy of Pediatrics well-child visit schedule.
- More than half of the Parents as Teachers children observed with a developmental delay overcame these delays by age three.
- Children in families receiving Parents as Teachers support had a 22% decreased likelihood of substantiated child maltreatment.

The Parents as Teachers approach emphasizes and addresses family wellbeing which can have a long-term, positive impact on a child's health well into adulthood. Integrating other family support within the context of home visiting support further enhances health and wellbeing. By addressing family wellbeing, Parents as Teachers helps prevent or reduce the impact of negative early experiences on children, leading to better health and wellbeing outcomes for children and parents.

Data recently released by the National Home Visiting Resource Center indicates there are 32,000 families in the District of Columbia who could benefit from receiving home visiting support, of which 51% (16,320) met at least one priority criteria such as low income, being a parent less than 21 years of age, etc. That same report indicates that 496 families received home visiting support during the reporting year, just 3% of the priority population.

Additionally, the National Home Visiting Resource Center found that 70% of children in the district are insured through public insurance, making Medicaid reimbursement a powerful tool in expanding the reach of home visiting in the District of Columbia. In my previous role as the MIECHV Project Director for the state of Oregon we were able to expand Nurse-Family Partnership by 46% during a period of flat funding by braiding Medicaid into the funding formula. In Oregon, only NFP was eligible for Medicaid billing, and I appreciate the Council's thoughtful inclusion of models so families can access the home visiting support that is the best fit for them.

Thank you for your efforts to stabilize and expand the funding to expand the reach of home visiting in the district. I appreciate this opportunity to share my experience and how Parents as Teachers can help to improve maternal and child health for your residents.

Testimony of Claudia Schlosberg, J.D.
Castle Hill Consulting, LLC

Before the Committee on Health

In Support of
B-25-321, Home Visiting Services Reimbursement Act of 2023 and
B25-0419, the Childhood Continuous Coverage Act of 2023

Good morning, Chairperson Henderson, and members of the Committee on Health. My name is Claudia Schlosberg. I am a 47 -year resident of Ward 1 and have a long history of advocacy and public service to improve the health of District residents. Today, I am testifying in my capacity as a consultant who was hired over three years ago by the National Service Office of the Nurse Family Partnership (NFP) to help support Mary's Center as they worked to launch the District's first Nurse Family Partnership Program. NFP is an evidenced based home visiting program that pairs registered nurses with low-income, high-risk, first-time mothers to provide home visits during pregnancy and through the first two years of the child's life. It is the only home visiting program that utilizes specially trained registered nurses to help moms successfully navigate the health, social and economic challenges of pregnancy and manage the health and development of their child. Numerous studies show that NFP has a positive impact on improving maternal and child health outcomes including reducing pre-term births and infant mortality. Studies also support longer term benefits to the participating families including significant reductions in child abuse and neglect, fewer behavioral and intellectual problems and fewer emergency room visits for accidents and poisoning.

Back in 2020, Mary's Center made the commitment and raised over $2.4 million in private funding to bring the Nurse Family Partnership to DC because they saw unmet need across the District. The DC Council also supported this effort with $150,000 in local funds. Although Mary's Center provides comprehensive maternity care, including doula services, many high-risk pregnant women who could benefit from evidenced-based home visiting services cannot access these services due to limited provider capacity or because they are ineligible due to geography or immigration status.

Mary's Center diligently worked to complete the process for qualifying as an NFP implementing partner, hired and trained an initial team of four nurses and began enrolling participants in July 2021. Since then, Mary's Center has enrolled and served 119 unique clients across all eight wards and welcomed 92 healthy babies including three sets of twins. Ninety-one percent of clients completed a birth plan, 82% of clients attended all prenatal visits and 94% received perinatal depression screening by the 5th visit. Following birth, 98% of participants initiated breastfeeding compared to 88% recorded in the District. Children born to NFP moms also had very high compliance with developmental screens. At four months, 94% of infants were

screened; at 18 months, 100% of infants were screened. Retention rates among program participants also have been high. These data are significant, especially given the economic, social and health characteristics of participants served. Nearly 27% of participants have been teenagers (age 19 and younger). Many participants have significant history of trauma (i.e., intimate partner violence, gang involvement, gun violence and sexual abuse), mental health and substance use issues, homelessness, and physical health conditions such as hypertension, diabetes, obesity, and sickle cell that place them and their newborns at risk.

While we are all too familiar with data showing that low-income, the numbers bear repeating. Data from DC Health confirm that poor, non-Hispanic black women in DC are much more likely to experience complications during pregnancy including gestational diabetes, hypertension and preeclampsia, are more likely to smoke and/or be obese and less likely to enter pre-natal care during the first trimester or have no pre-natal care prior to delivery than non-Hispanic white mothers. While there have been some improvements, poor, non-Hispanic black women in Wards 7 and 8 continue to experience unacceptably high rates of adverse health outcomes during pregnancy including maternal death and high rates of pre-term births and low birth weight infants. While the DC infant mortality rate has decreased in recent years, it still exceeds the DC Healthy People 2020 Target and the national average; while infant mortality among infants of non-Hispanic black mothers is five times that of non-Hispanic white mothers.

In 2022, although DC spent more than 7.5 times the national average per capita on public health and ranked number 1 in the nation for public health spending per capita, DC ranked 44th in the nation for low-birthweight babies, 48th for prenatal care before the 3rd trimester, 33rd for infant mortality and among the bottom five States for adequacy of prenatal care.[1] The most recent Center for Medicare and Medicaid Services State Medicaid Scorecard shows that despite high rates of Medicaid coverage and high Medicaid spending, DC Medicaid ranked third last in the nation for low-birth weight babies (live births weighting less than 2,500 grams) -- only Louisiana at 13.1% and Mississippi at 14.3% scored lower.[2]

With this data in mind, recognizing the need to provide more support to women in Wards 7 and 8, Mary's Center entered a two-phase Memorandum of Understanding with Martha's Table to raise awareness of the benefits NFP and generate additional referrals. In Phase One, Martha's Table agreed to help with education and outreach and to provide a landing space for Mary's Center NFP nurses when working with families East of the River. In Phase Two, Martha's Table agreed to house an expanded team of four additional NFP nurses to focus solely on serving pregnant, first-time mothers in Wards 7 and 8. However Phase Two of the agreement is contingent on identifying additional, sustainable funding for the existing and expanded programs.

[1] The Nation's Health Rankings, United Health Foundation, 2022, accessed on September 29, 2023 at https://www.americashealthrankings.org.

[2] https://www.medicaid.gov/state-overviews/scorecard/live-births-weighing-less-than-2500-grams/index.html

Hence, I am extremely pleased to support the Home Visiting Service Reimbursement Act of 2023. This legislation, introduced by Brianne Nadeau, requires the Department of Health Care Finance (DHCF) to expand the DC State Medicaid Plan to include coverage of qualified EBHV programs. Modeled after the Maternal Health Resources and Access Act of 2021 establishing Medicaid coverage for doula services, this legislation creates a cost-effective, sustainable way to finance effective home visiting services. For example, leveraging Medicaid to pay for the comprehensive services of the NFP program would allow Mary's Center to double the number of families service at a cost of only $187 per family, per month. This is an investment we cannot afford not to make.

Expanding Medicaid to cover evidence-based home visiting also creates the opportunity, as dozens of other States have done,[3] to better integrate evidence-based home visiting into a more comprehensive strategy to support women experiencing high risk pregnancies who receive their Medicaid or Alliance coverage through our managed care plans. For example, in Maryland, Delaware, New Jersey and Ohio, (among other States), governors have leveraged Medicaid to expand access to evidenced-based home visiting programs as part of more comprehensive initiatives to tackle and reduce perinatal health disparities by focusing on prevention. Embedding evidence-based home visiting in Medicaid also creates the opportunity to leverage the District's significant investment in health information exchange to eliminate costly, duplicative, and burdensome reporting requirements.

This bill anticipates that DHCF will consult with stakeholders as it designs the State Plan Amendment, refines provider eligibility standards ,and establishes a reimbursement methodology. I know I speak for Mary's Center and the National Service Office, as well as the Home Visiting Council, to say we look forward to working with DHCF on these issues. I urge the Council to enact this legislation as a critical first step to expanding access to services that are proven to improve the health of at-risk moms and babies.

Finally, I want to commend the Council for also introducing the Childhood Continuous Coverage Act of 2023 which would extend Medicaid coverage for children until they turn six years of age. This bill reduces the risk that children lose Medicaid for procedural reasons, reduces administrative burden on families and on agency staff and promotes continuity of care and treatment. It also facilitates the implementation of Medicaid coverage for NFP and other evidence-based programs that take a multi-generational approach to supporting healthy families.

Thank you for the opportunity to testify. I am happy to answer any questions.

[3] There are 37 states that have created a pathway for Medicaid financing of home visiting programs. In at least 21 States, the State has specifically identified, by name, the evidence-based home visiting model eligible for funding. While the Home Visiting Services Reimbursement Act defines a program eligibility standard, it does not name any specific programs, giving DHCF the flexibility to approve new and emerging models of care, provided they have demonstrated effectiveness through independent evaluation.

Cybele Yadiberet - Healthy Babies Project

Testimony of Cybele Yadiberet

Muriel House Coordinate Healthy Babies Project

COMMITTEE of Health

? B25-0321 - Home Visiting Services Reimbursement Act of 2023

? B25-0419 - Childhood Continuous Coverage Act of 2023

Council of the District of Columbia

October 4th 2023

I represent the Healthy Babies Project,Inc as the Muriel House Program Coordinator. Healthy Babies Project has been serving the DC community for over (30) years in the District of Columbia. I have the pleasure of working with the families in Muriel House program, our transitional housing program for pregnant and parenting mothers under the age of 21.These young ladies come to our program to find stable housing, receive guidance, learn life skills, establish stability, enhance their parenting skills and strengthen relationship with their children.

They all receive home visiting during their stay. Each year we house about (25-32) mothers in the home and about (40) children each year.Since our opening in 2020, we have served over 100 families in the program. We focus on providing home visitation services, housing and parenting classes for pregnant and parenting youth. We serve over (69) families in our programs focused on pregnant and parenting youth.

We work with the families to enroll them in school or ensure they attend regularly, complete their GED or high school diploma, have resumes so they can look for employment, find daycare programs, develop skills so they can support their child brain developments as well as social and emotional development and learn life skills so they can be prepared for independent living. It's a daily battle but it is worth it when the mothers graduate highschool, they can finally work because their child is in a trusted daycare or learning center, they have a healthy delivery, their child is learning to speak and they are meditating to regulate their emotions. Some of the families I have worked with for over 3 years and I continued to be amazed in their growth and development. They have overcome the odds of being at risk for infant and maternal mortality, several other health and economic risks, just because of their race and where they live.

Data from DC Health confirms that low-income , Black women in DC continue to experience disproportionately high rates of adverse birth outcomes including high rates of maternal morbidity and mortality and infant mortality.

Majority of District home visiting programs could be eligible for Medicaid coverage and reimbursement. Importably, the language of the bill opens the possibility for there's other program to potentially give access to Medicaid reimbursement in the future

I conclude by hoping that the council hears the need for supporting home visitation programs across the District and see the impact on the lives of the families who need and want home visitation support because they want to change their future.

Deja Williams

Good Morning/ Afternoon, Chairperson Henderson and committee members.

My name is Deja Williams, I use she/her pronouns. I'm the Health Equity Organizer with SPACE's In Action, a member of U3DC Coalition, the HomeVisiting Council, and Mary's Center Home Visiting Community Advisory Board. I am a DC native, proud big sister, and advocate for families in DC.

My testimony today will focus on supporting the Home Visiting Services Reimbursement Act. I value the health and well-being of Black, Brown, and Immigrant families in the district. The top priority for the community should be providing accessible, affordable, preventive care for our babies, toddlers, and their families.

For too long, investments have been made in highlighting intervention services after the crisis rather than preventive care that will lessen poverty and violence in DC. DC has experienced an over 10 percent increase in homelessness and over 30% in homicides in the past year. Most circumstances that cause tragedies like these to increase are a lack of access to resources, education, and more. We can get in front of this epidemic by investing in programs that help families early on in life.

Home visiting programs in the district provide much care, from maternal health to school readiness, relational health, crime reduction, and child abuse or maltreatment prevention. Through my work with SPACEs In Action, I have witnessed the care that Home visitors have for their participants. Numerous one-to-one meetings with these Home visitors have shown that they "Love and value the work I do; it's so crucial for a family's growth". Home visitors in the district are the front-line workers supporting our families. They have a vital role in the healthy development of our babies and toddlers. They provide tangible resources such as diapers, food, and access to holistic healthcare. Home Visiting programs in the district must have a sustainable funding source.

Medicaid reimbursement for these programs will ensure that current funding sources address the many issues most home-visiting programs are experiencing. The existing funding structure for home visiting in the District has experienced frequent fluctuation and lacks needed investment. This causes staff turnover, low participation, lack of resources, and more, negatively impacting the families that benefit from these programs. Most importantly, the more sustainable funding that Home Visiting programs receive will ensure positive outcomes for families in DC. DC can join the 28 other states that have passed this bill for Home Visiting programs to help the health disparities amongst pregnant women and children in their communities. DC needs to ensure this same investment is being made in these programs for the health and well-being of our community.

Evidence-based Home Visiting Programs have a proven track record of improving maternal health and birth outcomes and the health and mental health of pregnant women, new mothers, and babies. Programs such as Nurse-Family Partnership, Healthy Families America, and Parents as Teachers directly address and improve DC's maternal and infant health. Sustainable funding for these programs is imperative to continue to address these disparities. I urge the council to ensure that Medicaid reimbursement becomes a funding source for evidence-based home visiting programs in DC.

Thank you, councilmembers, for hearing my testimony.

Fari Ghamina Tumpe

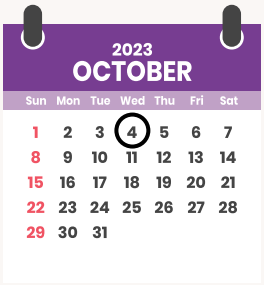
Fari Ghamina Tumpe is the proud custodial grandmother of three children living with learning deficits and mental health disorders. I live with several auto immune diseases that has categorized me disabled. She is, also, the mother of an adult daughter who experiences frequent bouts of psychiatric distress. As a dedicated caregiver she was propelled on a journey of navigating health care services, local community support resources and networks available to families dealing with health care disparities and mental illness. She has helped several others avoid many of the pitfalls that bedeviled me; but I was never expecting to need Home Visiting Services. My granddaughter came home from the NICU on a breathing machine. It was a very challenging time. The Home Visitor caught many aspects of care and core services that my baby brain overlooked. It's an understatement to say that without Medicaid, life would have been impossible to navigate. I would venture to say Home Visiting services was a life saver. What are you prepared to do to save our littlest people and family leaders thrive and live holistic lives? Will you champion the cause of Home Visiting Medicaid Reimbursement?

Home Visiting Medicaid Reimbursement Testimony

HIGH LEVEL OVERVIEW

Review Legislation

B25-0321- Home Visiting Services Reimbursement Act of 2023. The legislation can be found at, https://lims.dccouncil.gov/Legislation/B25-0321.



Sign-up to Testify

The hearing will be held on October 4, 2023 beginning at 9:30 AM. You must register by Wednesday, September 27, 2023. To testify go to, https://lims.dccouncil.gov/Hearings/hearings/87. There is a button at the top in the top right corner. You will also submit testimony utilizing the same link.

(note there are two hearings happening that day, unless you are testifying about childhood continuous coverage, make sure to only sign-up for the home visiting)

Review Second Page for High Level Talking Points

The talking points will hopefully help guide you on writing and providing oral testimony. As a general reminder when providing testimony it is always best to speak from your own experiences.

Attend September 25 Training & Write Testimony

Under 3 DC and DC Home Visiting Council will provide advocacy training on September 25, 2023 11 AM to 1 PM. Please plan to attend. You will need to write your testimony ahead of October 4th. Witnesses will only have 3 minutes to provide oral testimony, written testimony may be as long as you wish.

District of Columbia Home Visiting Council

UNDER 3 DC

Need Support with registering to testify, writing testimony, submitting testimony, or other support?

Please contact:

1. Leah Castelaz, Under 3 DC Co-Chair Family Health Support Committee, LCastelaz@childrenslawcenter.org
2. Felix Hernandez, The Home Visiting Council, fhernandez@maryscenter.org
3. Mary Katherine West, The Home Visiting Council, MKWest@dckids.org

High Level Talking Points for Medicaid Reimbursement of Home Visiting

IN GENERAL

It is always best to speak from your own experience especially in providing or receiving home visiting services.

- The Council wants to hear how valuable these services have been to District children and families. Testimony should share the immense value the home visiting provides in areas of maternal health, school readiness, relational health, family economic self-sufficiency, reduction in crime or domestic violence and prevention of child abuse or maltreatment.

The testimony should then tie into how Medicaid reimbursement could support these programs.

- The goal of Medicaid reimbursement for home visiting is provide a more sustainable funding source for the program. The current funding structure for home visiting in the District has experienced frequent fluctuation and lacks needed investment. Medicaid reimbursement must be paired with other federal funding like MEICHV as well as continues, increased local dollars.

HIGH LEVEL TALKING POINTS

- Minimally 12 out of 17 District home visiting programs could be eligible for Medicaid coverage and reimbursement. **Importantly,** the language of the bill opens the possibility for these other programs to potentially give access to Medicaid reimbursement in the future.
  - Evidence-based home visiting programs list.
- Data from DC Health confirm that low-income, Black women in DC continue to experience disproportionately high rates of adverse birth outcomes including high rates of maternal morbidity and mortality and infant mortality.
- Evidence-based Home Visiting Programs have a proven track record of improving maternal health and birth outcomes as well as the health and mental health of pregnant women, new mothers and their babies.
- Programs such as Nurse Family Partnership, Healthy Families American and Parents as Teachers reduce maternal mortality and morbidity, reduce the likelihood of pre-term and low- birthweight births and help support the growth of strong, stable families.
- Currently 28 states have fully implemented Medicaid reimbursement for home visiting programs.
- Often as part of a comprehensive strategy to address disparities in maternal health and child health outcomes, states have turned to utilizing Medicaid to expanded access to evidence-based home visiting programs.

Helpful Resources

- Voices from the Field: The Experiences of the District's Home Visitors report
- DC Line, Nisa Hussain: Home visitors are stuck in same situation as the families they work to uplift
- DC Action, Standardizing Wages, Boosting Funding, and Streamlining Reporting Will Strengthen the Home Visiting Profession
- 2022 Home Visiting Annual Report
- Perinatal Health and Infant Mortality Report, data 2017-2020, published 2023.
- Home Visiting Evidence of Effectiveness
- The District's Home Visiting Medicaid Reimbursement Legislation Could be a Gamechanger for Families

Testimony Before the District of Columbia Council

Committee on Health

October 4, 2023

Public Hearing:

B25-0321 - Home Visiting Services Reimbursement Act of 2023

Idis Argueta

Home Visiting Coordinator

The Family Place

The Family Place promotes stability and well-being for immigrant & low-income families in the Washington, DC area. We offer free education, support services, case management, and social support in Spanish in a welcoming, multi-cultural environment for every family or individual that enters our building. Dedicated to meeting the needs of our participants, we assist people of all ages, ethnicity, and background.

Idis Argueta's Testimony

B25-0321 - Home Visiting Services Reimbursement Act of 2023

**This is a translation of the original testimony written in Spanish and provided below (page 4 – 5).*

My name is Idis Argueta, and I am the Coordinator of the HIPPY program at The Family Place. HIPPY stands for Home Instruction for Parents of Preschool Youngsters. It is a 30-week curriculum-based program for parents with children ages 2 to 5. The program primarily focuses on helping parents become the first teachers for their children. In the program we provide educational materials and books that complement each activity.

During our visits, we assess strengths and weaknesses while emphasizing support for parents. Additionally, we distribute food packages weekly and offer information about community activities and available services. Our visits extend beyond the curriculum to provide assistance in various areas, as many resident lack education and information on available resources and procedures to obtain those resource. This is crucial, especially during the pandemic and the ongoing economic recovery process, as it helps alleviate situations of mental distress and even depression for the parents.

In 2011, I reached out to The Family Place seeking assistance for both myself and my family. Like many families benefiting from their services today, I was grappling with frustration and desperation at that time. I was unsure how to support my 3-year-old daughter with her homework due to my own limited resources. It was then that I enrolled in the HIPPY program. Over the following weeks, I acquired skills and activities to engage with my daughter, aiding in her physical and cognitive development. The results became evident as her school teacher regularly remarked, "Bianca has shown significant improvement; she now recognizes shapes, colors, and numbers." This motivated me to share the program with other parents at the school.

After participating in the program, I embarked on the journey to become a home visitor myself and assist other families. Over time, I've had the opportunity to work with numerous parents facing situations similar to, or even more challenging than, my own.

I'd like to share an inspiring story that has fueled my commitment to this home visitation program. A few years ago, I collaborated with Ms. Maria, a mother whose 3-year-old daughter attended the same school as my children. As we filled out the application for the visitation program, I discovered that she couldn't read or write. This posed a significant

challenge that I wholeheartedly embraced. Ms. Maria, feeling embarrassed, confided in me about her struggles and her desire to support her daughter. I guided her through the registration process, and throughout our visits, she not only learned to read and write but also assisted her daughter in the same journey. They were both learning together! Ms. Maria now refers many other families in similar situations to me.

It is important to note that, many families are hesitant to ask for help due to bureaucratic procedures that create fear and mistrust. Administrative procedures can also be overwhelming for visitors, limiting our ability to provide quality service to families.

After 12 years of experience as a participant and home visitor, I am proud to see the positive impact of this program on other families and on my own daughter, who is now an outstanding student. That's why I respectfully ask the DC Council to support home visiting programs with this legislation, the Home Visiting Services Reimbursement Act of 2023. This legislation will support low-income families and grow the ability for The Family Place and other home visiting programs to reach more families.

Testimonio de Idis Argueta

B25-0321 - Home Visiting Services Reimbursement Act of 2023

Mi nombre es Idis Argueta y soy la coordinadora del programa HIPPY en The Family Place. HIPPY es el programa de instrucción en el hogar para padres de niños en edad preescolar. Nuestro programa de visitas en el hogar, HIPPY, es un programa basado en 30 semanas de currículo, para padres que tengan niños de 2 a 5 años de edad, el cual está enfocado principalmente en ayudar a los padres a convertirse en los primeros maestros para sus hijos. En el programa proveemos materiales educativos para cada actividad y libros que complementan cada actividad.

En cada visita se revisan las fortalezas y debilidades y nos enfocamos en reforzar y darles el apoyo necesario. También brindamos paquetes de comida una vez por semana, información sobre actividades en la comunidad, y sobre los servicios disponibles para los residents. Nuestras visitas no solamente se enfocan en el currículo, sino también en brindar apoyo a las familias en diferentes áreas, ya que muchas de ellas carecen de educación o información sobre los recursos disponibles y los proceso para obtener esos recursos. Esto muchas veces causa situaciones de depresión, particularmente durante la pandemia, y aun ahora en el proceso de recuperación económica después de la pandemia.

En el año 2011, llegué a The Family Place buscando ayuda para mi y para mi familia. Como muchas otras familias a las que hoy en dia puedo ayudar, en ese momento yo me encontraba frustrada y desesperada porque no sabía cómo ayudar en las tareas a mi hija, que entonces tenia 3 anos. Yo no tenía los recursos necesarios y por eso me inscribí al programa de HIPPY. Al pasar las semanas fui aprendiendo actividades que yo podía hacer con mi hija para ayudarla a desarrollar sus habilidades fisicas y cognitivas, y los resultados eran notorios. En la escuela su maestra cada día me decía: “Bianca ha mejorado mucho, ya sabe las formas, colores y números” y por eso comencé a compartir el programa con otros padres de la escuela.

Despues de estar en el programa como participante, empece el proceso de entrenamiento para ser visitadora y asistir a otras familias. Desde entonces he podido trabajar con muchos padres que se encontraban en situaciones similares o aún más complicadas que la mía.

Quiero compartir una historia que me inspiro a seguir en este programa de visitas en casa! Hace unos años atrás, trabajé con Doña Maria, quien tenía una niña de 3 años que iba a la escuela donde están mis hijos. Cuando estábamos llenado la aplicación para inscribirse al

programa de visitas, me di cuenta de que ella no sabía leer ni escribir! Esto fue un reto para mi que asumi con mucho amor y dedicacion. Doña Maria muy apenada me dijo que necesitaba ayuda porque que sentía impotencia al no poder ayudar a su hija. La ayudé a inscribirse y durante las visitas ella aprendió a leer y escribir y así mismo ayudaba a su hija; Estaban las dos aprendiendo juntas! Doña Maria ahora me refiere a muchas otrsa familias en situaciones similares.

Es importante notar que a menudo, algunas de estas familias se alejan debido a trámites burocráticos que generan temor y desconfianza. Los procedimientos administrativos también pueden ser abrumadores para las visitadoras, limitando nuestra capacidad de brindar un servicio de calidad a las familias.

Después de 12 años de experiencia como participante y visitadora en el programa, me enorgullece ver el impacto positivo en mi hija, que ahora es una destacada estudiante. Es por eso que solicito al Consejo de DC que apoyen el Acto Legislativo de Reembolso para Servicios de Visitas en el Hogar del 2023, enfocándose en apoyar a las familias de bajos recursos y ayudar a The Family Place y otros programas de visitas llegar a mas familias.

Jazmine Brazier - Healthy Babies Project

Testimony of Jazmine Brazier

Youth Services Director, Healthy Babies Project

COMMITTEE of Health

? B25-0321 - Home Visiting Services Reimbursement Act of 2023

? B25-0419 - Childhood Continuous Coverage Act of 2023

Council of the District of Columbia

October 4th 2023

I represent the Healthy Babies Project,Inc as the Youth Services Director. Healthy Babies Project has been serving the DC community for over (30) years in the District of Columbia, We focus on providing home visitation services, housing and parenting classes for pregnant and parenting youth. We serve over (69) families in our programs focused on pregnant and parenting youth. Within the past year, 12 (17%) parents are enrolled or have applied to receive a college education, 38 (55%) have participated in our group sessions, of the families who enter the program without TANF, or WIC, 98% of them complete the process and begin to receive the assistance. About 73% secure housing in long term housing programs, apartments or positive familial reunification. 90% of the families we serve are young black mothers.

Data from DC Health confirms that low-income , Black women in DC continue to experience disproportionately high rates of adverse birth outcomes including high rates of maternal morbidity and mortality and infant mortality.

Personally, I began as a home visitor and have been able to see firsthand the impact of home visiting on the lives of families we serve. Home visiting is a long journey built on a strength based relationships, trust, education, advocacy and support. Through home visiting, generational cycles of behaviors can be reversed, stable homes are created, children can thrive in safe, emotional, and financially secure homes. Sometimes the impact of the home visitor may not be seen while we are working with a family directly, but the impact of home visiting shows itself in the future, when a mother feels safe to call back and ask for a resource, or send a picture of their babies at Christmas time. They know we are there for them, a trusted person who is there for the long haul. This is why this hearing is so important.

Home visitation programs see frequent turnover. It is hard, heart work and those individuals who have truly invested in home visitation programs deserve support. We have more families interested in the program than we can accommodate

Majority of District home visiting programs could be eligible for Medicaid coverage and reimbursement. Importably, the language of the bill opens the possibility for there's other program to potentially give access to Medicaid reimbursement in the future

I conclude by hoping that the council hears the need for supporting home visitation programs across the District and see the impact on the lives of the families who need and want home visitation support because they want to change their future.

THE NATIONAL SERVICE OFFICE FOR

Nurse-Family Partnership
Helping First-Time Parents Succeed®

child first

Hearing on B25-0321
Home Visiting Services Reimbursement Act of 2023
October 4, 2023

Testimony of Jenny Harper
Director of Government Affairs for the National Service Office for Nurse-Family Partnership and Child First

Good morning, Chairperson Henderson and distinguished Councilmembers of the Committee on Health. I am Jenny Harper, a Ward 6 resident, and I am here representing the National Service Office for Nurse-Family Partnership and Child First. Today, I speak in support of the "Home Visiting Services Reimbursement Act of 2023."

Nurse-Family Partnership pairs dedicated nurses with first-time moms to support healthy pregnancy outcomes, child health and development, and family economic self-sufficiency. Evidence-based home visiting programs, like Nurse-Family Partnership, have been proven to lead to better maternal health outcomes, ensuring that both mothers and their babies thrive. Nurse-Family Partnership is not only effective, it is cost-effective, creating both short- and long-term cost savings, including to programs like Medicaid.

Mary's Center has played a pivotal role in bringing Nurse-Family Partnership to families in the District of Columbia over the past two years. The impact of their efforts is undeniable as you've heard already in testimony today. In order to continue to serve families across the District, it is critical that the District provide expanded and sustainable funding to support evidence-based home visiting.

The "Home Visiting Services Reimbursement Act of 2023" is an important step to provide Medicaid reimbursement for home visiting programs. By covering these services, DC can improve outcomes for mothers, babies, and young children experiencing risks to their health and wellbeing, which in turn can yield greater overall savings to health and social services systems. This is especially critical in DC where Black women continue to face disproportionately high rates of adverse birth outcomes, including maternal morbidity and mortality, as well as infant mortality.

Across the country, states are increasingly implementing Medicaid reimbursement for home visiting services. Nurse-Family Partnership programs in 20 states are receiving Medicaid reimbursement, with billing pathways having been identified in 37 total states. It is crucial that DC leverage Medicaid funding in order to expand the reach of home visiting programs and

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complement the broader home visiting landscape of funding sources, such as the Maternal, Infant, and Early Childhood Home Visitation (MIECHV) program.

In conclusion, evidence-based home visiting programs, like Nurse-Family Partnership, are not just an investment in healthier pregnancies, they are an investment in the future of our city. They are cost-effective, have a proven track record, and have already made a significant impact in the District through the hard work of organizations like Mary's Center. In order to improve health outcomes, narrow health disparities, and ultimately reduce Medicaid costs through preventative services, I urge the DC Council to pass the "Home Visiting Services Reimbursement Act of 2023." Let's make sure that every family in the District has access to the support they need during pregnancy and in the critical early years of a child's life. Thank you for your time and consideration.

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Jessica Weisz

Hello DC Council,

Thank you for letting us speak today. My name is Jessica Weisz and I am a primary care pediatrician who has lived and worked in the DC area for 10 years and I currently live and work with my 2 year old and 5 year old in Ward 1.

I am speaking on behalf of the DC Chapter of the American Academy of Pediatrics. The DC AAP Chapter, along with other members of the Under 3 DC coalition, strongly support DC Council's passage of the medicaid reimbursement for a home visiting program.

Home visiting programs are an important family support strategy designed to strengthen families during a time of critical growth and development. By providing evidence-based guidance and support in the home, home visiting can help with identifying postpartum depression and anxiety, improving parental bonding, encouraging early brain development, and educating families about upcoming changes to keep their child's development progressing.

As a pediatrician, I would love to spend quality time getting to know my patient's full environment so that we can fully see the complete picture of a family's resiliency and where family may need additional support. My 20-minute appointment slots are frankly not enough time to do all of it. Just two days ago, I met a mom and a dad with a 6 month old who shared that grandma was co-sleeping with their son. We talked about safe sleep during our visit but grandma was not in the room. I know that if I was able to work with a home visiting program - the home visitor would be able to share safe sleep education with all the family members and support the parents in educating his grandma and helping to change behavior. For all families who participate in this program, I would have a better understanding of how to support a family so that every child in Washington DC has equal opportunities to achieve growth and wellbeing. Funding for an early program like this will prevent higher cost consequences in the future.

The evidence of home visiting programs is vast and shows both improvements in the health and wellbeing of children and their parents. For birthing parents, studies show that home visiting programs can support pregnant persons to increase access to prenatal care, to increase their nutrition during pregnancy, and show an increase in birth weight of newborns. After birth, evidence shows that it identifies and addresses maternal depression, increases time between pregnancies, increases maternal employment, increases maternal rates of return to school. For children, it decreases the number of visits to the emergency room, decreases the number of incidents of abuse and neglect, and improves early childhood development.

We thank the DC Council for their focus on early childhood and hope that this funding is considered to complement existing opportunities.

Testimony of Joan Yengo
Ward 2 Resident, Washington DC
Before the Committee on Health
In Support of
B-25-321, Home Visiting Services Reimbursement Act of 2023

Good morning, Chairperson Henderson, and members of the Committee on Health. My name is Joan Yengo, I am a ward 2 resident of Washington DC. I am here today to provide testimony in support of the Home Visiting Services Reimbursement Act of 2023.

I came to DC in 1996. My first job was with the agency For Love of Children [FLOC] in order to provide supervision and oversight for the Healthy Families America Home Visiting program. FLOC was part of the first Home Visiting Collaborate in Washington DC funded through private dollars and the partners included Mary's Center, [Lead Agency], CentroNia [formerly another name], and FLOC. The three agencies came with their own expertise in health, early childhood and social services respectively, recognizing that to be able to respond to the myriad of needs our communities face as pregnant and parenting people, health services alone do not address the complex areas that impact one's health. Those areas include economic concerns, inequity in our systems, relationship challenges and behavioral health concerns, to name a few. That collaborative understood the concept of social determinants of health, before folks talked about it. They also recognized social change involves starting early to engage with families at the time of pregnancy or soon after birth, to prevent poor birth and childhood outcomes, and build upon what is working to support the family towards success. That was my foundation of understanding the importance of home visiting, and as I moved to work at Mary's Center from May of 1998 – March of 2023, while my scope of programming grew beyond home visiting, home visiting was consistently a key strategy that was implemented due to the success we saw in the outcomes and impact on families.

It is these 27 years of knowledge in the field of home visiting that brings me here today to ask for Medicaid support for the services provided by the home visiting community across DC. Below are reasons why:

1. Quality of the work: The home visiting programs have standards of best practice and service delivery and many of the evidence-based programs are required to achieve accreditation or other certification status consistently while they are in operation. This ensures that the staff receive quality training, effective supervision, program oversight, and that the dollars are used for the intended purpose.
2. System of Care: There continue to be challenges with our maternal health and early childhood system of care. The home visiting programs support families in navigating that system of care, identifying who is available for the resource needed, how to access, and how to break the barriers for access. Home visitors can also act as the support person while someone is managing a behavioral health concern, housing issue, domestic violence challenges, Medicaid interruption, etc. so that the person doesn't get lost to follow up for those services they deserve.

3. Advocacy: Our system of care still struggles with inequity, racism, classism, and conscious and unconscious bias daily. How folks are treated and how to respond and manage that treatment can be hard especially for folks in a vulnerable state. Home Visitors are there to ensure that feelings are validated, for example when participants have been dismissed by a provider or service agency; the home visitor works with the participant, side by side to help them identify how they, the participant, wants to respond to their less than perfect interaction with the system.
4. Sustainability: We can be clear, that the Medicaid funding is not a panacea. However, over my 27 years supporting home visiting, I saw the insecurity and fear about what funding will be renewed, if it will be renewed, if we can identify a foundation to help us when there are gaps in public funding, etc. Also, all funding is often flat or reduced, and that lack of investment for what is needed to support the families sends a message – we don't care about you, or the quality services you are receiving, so we'll take it away, you'll be okay. That is the message to the families enrolled in the program and the staffing that has worked so hard in support of them.

   We need Medicaid to demonstrate an investment in the participants, this is a service you deserve, and we respect and value you enough to incorporate this service into your plan of care.

   Additionally, it is hoped that with this reimbursement, in combination with other public or private funding, that home visiting programs will finally be able to pay the staff of professionals that provide this service, the salary commensurate with the work performed. Investing in staff demonstrates that we as a city value who they are and what they do and would also hopefully help them to afford to live and work in Washington DC.

In closing, 27 years ago we began this journey and over these years those of us implementing these programs in partnership with families and other agencies, we get it. Can the city now finally understand and help us move forward. Can we finally invest in proven programs that produce positive results for families and support children who are the future of our city.
Thank you.

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Testimony Before the District of Columbia Council
Committee on Health
October 4, 2023

Public Hearing:
B25-0321 – Home Visiting Services Reimbursement Act of 2023
B25-0419 – Childhood Continuous Coverage Act of 2023

Leah Castelaz
Policy Attorney
Children's Law Center

Introduction

Good morning, Chairperson Henderson and members of the Committee. My name is Leah Castelaz. I am a Policy Attorney at Children's Law Center and a resident of the District. Children's Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children's urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

Thank you for the opportunity to testify regarding B25-0321 Home Visiting Services Reimbursement Act of 2023 ("Home Visiting Reimbursement Act") and B25-0419 Childhood Continuous Coverage Act of 2023 ("Continuous Coverage Act"). Children's Law Center supports both bills before the Committee today and commends the Council's focus on increasing supports for children ages 5 and under and their families. Many of the children we work with – children in the foster care system, children receiving special education services, and children accessing healthy housing – have faced multiple adverse childhood experiences resulting in complex trauma and need access to high-quality health services to achieve stability. Each year the Children's

Law Center works on a systemic level to increase access to health supports and services from pregnancy onward. Through our work we know that children thrive when they are met with the proper resources early on, can grow, and maintain strong relationships, and live in a healthy environment.

The early childhood years – generally considered to encompass ages zero to five – are a critical developmental period in a child's life. During these years, children's brains are rapidly developing. The environment and experiences of early childhood help form the foundations for learning, health, and behavior for the rest of a child's life.[1] Providing sufficient and adequate supports to children and their families during this period is vital for creating the best possible opportunities for brain development and future successes. Children's Law Center, therefore, has consistently supported investments in early childhood programs for many years.[2]

To this end, my testimony today will explain how the Continuous Coverage Act and the Home Visiting Reimbursement Act will support District families and improve the lives of children ages five and younger. My testimony will also discuss implementation considerations that both the Council and Executive Agencies should be aware of as they move forward the work of both bills.

Continuous Medicaid Eligibility Will Ensure DC Children Do Not Lose Healthcare Coverage During a Critical Period of Development

Current DC Medicaid law requires individuals and families to renew their Medicaid once a year in order to continue to receive healthcare coverage.[3] In 2020, however, the federal government paused the yearly Medicaid renewal procedure for all states, including DC, to ensure that people could continue to access healthcare during the pandemic.[4] Across the country, the Medicaid pause on renewals was praised as a benefit to individuals and families as it increased consistent healthcare access, reduced stress, and provided cost savings to the Medicaid agencies.[5] The proposed Continuous Coverage Act would make this pause permanent in DC for children ages zero to five, enabling them to maintain continuous Medicaid coverage without yearly redeterminations.[6]

Continuous Coverage Results in Greater Utilization of Medicaid Covered Services

Close to two-thirds of DC children rely on Medicaid for connection to and coverage of all medically necessary healthcare services.[7] The Continuous Coverage Act ensures children five and under covered by Medicaid have consistent access to health care, which is associated with better health, higher academic achievement, and more stable households.[8]

Requiring annual re-certification to maintain Medicaid coverage has historically resulted in children 'churning' on and off from public health insurance due to a variety of family circumstances outside of their control.[9] For these children, coming on and off Medicaid can result in unmet healthcare needs and delays in accessing critical health

services.[10] The American Academy of Pediatrics recommends that children visit the doctor at least 14 times before they turn 6 years old.[11] During those visits, children receive vaccinations, speech, hearing and vision tests, as well as critical health screenings.[12] Doctor visits are also a critical touchpoint for young children and families to receive behavioral health supports.[13] Continuous coverage means that youth will maintain appropriate insurance coverage to access Medicaid services that can meet both their physical and behavioral health needs.[14]

Continuous Coverage Provides Cost Savings for Medicaid Agencies

The disenrollment and reenrollment processes create administrative costs for Medicaid agencies.[15] Continuous coverage, therefore, is likely to reduce administrative costs for the Department of Healthcare Finance (DHCF). According to Medicaid, the average monthly cost for a child enrolled in Medicaid for 12 months was $107, compared to $163 for a child enrolled for only one month and $147 for a child enrolled for only six months.[16] The decrease in cost for a child that is consistently enrolled in Medicaid for twelve months illustrates that the longer a child remains enrolled, the less the monthly cost. Oregon, the first state to provide continuous enrollment for six years, reported a reduction in administrative costs since the Medicaid office no longer has to redetermine eligibility each year.[17] Additionally, Oregon believes it will see a reduction of medical costs over time, since children who stay on Medicaid will have consistent access to prevention and primary care services that can reduce the need for more expensive

treatments down the road.[18] Reducing the costs associated with Medicaid would result in savings that could then be used to increase or create new investments in services and supports for DC children and families.

Continuous Coverage Reduces Parental Stress

Yearly Medicaid renewal can create undue burdens on families through complex and onerous paperwork requirements, poor navigation tools, and confusing eligibility rules, all which contribute to parental stress. When a parent is stressed by the mounting obligations of renewal, Medicaid services may be dropped especially when there are other competing priorities.[19] Under continuous coverage, families do not have weigh maintaining health insurance against other concerns that need their attention.[20] Additionally, continuous coverage reduces parental stress by alleviating parental worry of financing any expected or unexpected healthcare needs for their children.[21] Continuous coverage eases family burdens by improving access to healthcare and removing onerous application processes.

To Ensure Effective Implementation of the Continuous Coverage Act the District Must Consider All Necessary Investments

Continuous coverage is good for children and families because it increases access to health care services, provides costs savings to the District, and reduces parental stress. Both the national narrative and outcomes in other jurisdictions support the implementation of continuous coverage.[22] For implementation to be successful in DC, however, continuous coverage must be understood within the context of our City's

operations and population. Below are four DC specific considerations to help support effective implementation of the Continuous Coverage Act:

1. **Individual-level data is needed to gauge required investment and impact of the Continuous Coverage Act.**

   Currently, the publicly available data from DHCF does not show the number of children who could be impacted by continuous coverage. It is therefore difficult for us to gauge the necessary investment and the true impact of the Continuous Coverage Act in the District. DHCF should share individual level data minimally with the Council. Individual level data would show how many children, on average, would have to be redetermined when continuous coverage expires on the month ahead of their sixth birth (e.g., based on current data there are 1,500 children on Medicaid who turn six in Calendar Year 2025 and would have to go through the redetermination process). Properly understanding the scale of continuous coverage, and ultimately redetermination of Medicaid coverage, is critical to understanding the investments necessary to support implementation.

2. **DHCF should learn from past experiences to inform implementation of continuous coverage.**

   The pause, for example, significantly reduced the communications DHCF had with Medicaid recipients. This in turn made it difficult to keep updated information including recipients' addresses, phone numbers, and emails. Therefore, DHCF should devise a way to keep recipient information up to-date

while still reducing administrative burden on families. This is one example of a lesson learned from the Medicaid pause. It would be helpful to hear more from DHCF on their other experiences with redetermination after the end of the Medicaid pause and how it will inform implementation of continuous coverage for children going forward.

3. **An evaluation of the impact of continuous coverage in the District should be part of implementation.**

   Other jurisdictions, for example, have reported cost savings from continuous coverage. Therefore, an evaluation of continuous coverage would be useful for the Council, Agency, and stakeholders to understand the anticipated cost savings in the District. Savings from continuous coverage could be used to support other programs for children and families. However, there must be consideration of the resources needed to evaluate continuous coverage including sufficient financial, technological, and personnel investments. Additionally, it must be considered which aspects of continuous coverage, aside from cost savings, need to be evaluated.

4. **The Council must exercise vigorous oversight to ensure proper investment and successful implementation of continuous coverage.**

   We ask the Council to provide support to the Agency throughout implementation, including addressing any workforce needs that come up under this additional

benefit. The Council should also utilize their oversight role to ensure children and families receive the full benefits of continuous coverage.

Medicaid Reimbursement for Home Visiting will Stabilize Funding for this Critical Program that Supports District Children and Families

Home Visiting Strengthens Parent-Child Relationships and Creates Positive Future Outcomes for Children

Creating a strong foundation in early childhood requires resources and supports not only for the child but also for their family and caregivers. The first few years of a child's life are typically full of rapid change and development for the child as well as stress and uncertainty for the parent or caregiver. This puts younger children at a higher risk of experiencing a strained parent- child relationship or some form of maltreatment.[23] Studies show that warm, responsive relationships in the first five years of life are critical for child development.[24] The reduction of stress is one way to allow parents and caregivers to nurture a relationship with their children in a way that positively impacts the child's development.[25]

Home visiting is a proven service delivery model for reducing parental stress and strengthening early relational health - the positive, nurturing connection between child and parent/caregiver that creates emotional wellbeing for both.[26] Home visiting programs connect expectant parents and parents of children five and under with a designated support person, like a nurse, social worker, or community health worker, often called a home visitor.[27] Home visitors regularly meet with families in the setting where they are

most comfortable – usually the home – to deliver various services and provide resources that support the physical and mental health of the parent and the child.[28]

There are several models of home visiting being implemented in the District, including Healthy Families America, Parents as Teachers, Nurse Family Partnership, Home Instruction for the Parents of Preschool Youngsters (HIPPY), Mothers Rising, and Father-Child Attachment Program.[29] While each model focuses on slightly different needs, there are common areas of emphasis for home visiting programs including maternal mental and physical health; child development; school readiness; child health; family safety; family economic security; and connections to other resources and services.[30] Home visitors decrease stress by breaking down barriers to resources, participating in goal setting and completion, and offering general support to caregivers who sometimes just need a listening ear. When a parent is less stressed, they are better able to meet the needs of their child, resulting in healthier outcomes for the family.

Medicaid Reimbursement for Home Visiting is an Essential Financing Component to Strengthening Home Visiting Programs

There are currently 17 home visiting programs in the District.[31] Each program receives funding through a variety of different funding mechanisms including private dollars, Federal Early Head Start and Head Start, Federal Community-Based Child Abuse prevention grant, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, Federal Family First Prevention Services Act, and local DC budget dollars.[32] Starting in Fiscal Year 2024, the funding is distributed amongst Child and Family Services

Agency (CFSA), the Department of Health (DC Health), and the Department of Health Care Finance (DHCF).[33]

Because of the variety of funding sources and authorities, home visiting programs across the District have been plagued by fluctuations in funding that lead to instability of the programs. Unstable funding leads DC home visiting programs to experience high workforce turnover, undermining the effectiveness of the program.[34] In order to improve physical, mental, and emotional health outcomes, home visitors must build trusting, long-term relationships with the families. As we have previously testified, stable and sufficient funding for home visiting is necessary to foster consistent, meaningful relationships between home visitor and participant.[35] Medicaid reimbursement for home visiting services is a crucial source of funding that the District is currently missing. We are glad to see the Council act on this issue and strongly support this bill.

The Proposed Legislation has Key Provisions that will Create Meaningful Access to Medicaid Reimbursement for Home Visiting

The Home Visiting Medicaid Reimbursement Act of 2023 requires DHCF to submit a State Plan Amendment (SPA) to the Center for Medicare and Medicaid Services (CMS) to establish reimbursement of eligible home visiting services.[36] The SPA, if accepted by CMS, would open the door for DC home visiting programs to draw down Medicaid dollars as an additional source of federal funding and help to sustain and expand services to reach more children and families.[37] The legislation is not overly prescriptive in how DHCF should approach the SPA but does require two critical pieces:

(1) the opportunity for home visiting programs that do not meet the U.S. Department of Health and Human Services (US DHHS) criteria for evidence of effectiveness to potentially become eligible for Medicaid through alternative routes; and (2) that DHCF shall consult with home visiting providers in the District to inform the SPA.[38] We look forward to working with DHCF and the Council on the implementation of home visiting Medicaid reimbursement to ensure meaningful utilization and impact of this legislation.

The proposed Home Visiting Reimburse Act is Not Overly Restrictive of Which Programs are Eligible

The legislation limits eligibility for reimbursement to evidence-based home visiting programs that meet the US DHHS criteria for evidence of effectiveness.[39] However, the legislation does leave open the possibility to expand to home visiting programs that meet substantially equivalent criteria for evidence of effectiveness as determined by a credible, independent academic or research organization.[40] This is a great addition as the US DHHS Home Visiting Evidence of Effectiveness (HomVEE) review can be extensive, burdensome, and long.[41] Allowing for alternative routes to gain evidence-based status opens the possibility that more programs could be covered by Medicaid. Under the proposed legislation, at least 12 of the 17 home visiting programs will be eligible for Medicaid reimbursement based solely on the US DHHS criteria for evidence-based home visiting programs. We, however, do believe more programs will be added after completion of academic research.

The Home Visiting Medicaid Reimbursement Act Accounts for Key Stakeholder Input to Inform Coverage of Home Visiting Services

There are several models of evidence-based home visiting.[42] Each model adheres to its own service package, staffing requirements, and defined set of protocols to meet the needs of the families it serves. This results in varying costs across model type. For example, one model may require registered nurses to deliver home visiting services while another may require an individual with a non-specified bachelor's degree. The difference in degree requirements often results in a difference of pay for the home visitor, which in turn results in different costs across the two models. Therefore, it would be difficult to set one rate for all home visiting services covered by local Medicaid programs. DHCF must take into consideration the varying costs of each qualifying program in the District to understand how it could create meaningful reimbursement that covers home visiting programs actual costs.

There are currently 28 states that allow for Medicaid reimbursement of home visiting services.[43] Amongst these states the structure for reimbursement varies including:

- The federal authority that allows states to implement a managed care delivery system (i.e. a state plan authority and waiver authority [either section 1915(a) and (b) or section 1115]);
- The eligibility of requirements for the families in the home visiting program (i.e., income levels, a parent that is expectant, a child that is of a certain age, etc.);

- The benefit duration (e.g., some states only cover home visiting services for children until their second birthday);
- The home visiting service providers that are qualified to deliver the models (e.g., nurses, community health workers, licensed professionals, etc.);
- The specific home visiting models that qualify for reimbursement (e.g., evidence-based home visiting programs determined by HomVEE like Nurse Family Partnership, Healthy Families America, and Parents As Teachers);
- The Medicaid reimbursement structure (i.e., does a state use Fee-For-Service, Per Member Per Month, or Certified Public Expenditure to reimburse home visiting programs); and
- The dollar amount of the reimbursement rate paid to programs.[44]

These variances in home visiting reimbursements across the country illustrates this cannot be a one size fits all approach.[45] While this may seem daunting, the multiple options for home visiting Medicaid reimbursement also provide the opportunity to ensure Medicaid reimbursement is developed and implemented in a way that truly meets the needs of DC home visiting programs. In determining reimbursement, DHCF must account for every associated cost for the home visiting program and work to cover as many pieces of home visiting as possible through Medicaid reimbursement.

Given the multiple ways to determine Medicaid reimbursement, we are glad the legislation requires DHCF "to consult with home visiting providers and other relevant

stakeholders to establish processes for billing and reimbursement of home visiting services."[46] Consultation was a hallmark of establishing the SPA for Medicaid reimbursement for doula services. The Children's Law Center had the opportunity to participate as a member of Maternal Health Advisory Group (MHAG) and found it an effective way to elicit input and feedback on the benefit from doulas, healthcare providers, and community stakeholders.[47] The MHAG, for example, was instrumental in ensuring that DC has one of the highest number of visits allowed under the reimbursement structure and ensuring visits were both prenatal and postpartum.[48] The MHAG continues to serve as a valuable resource for implementation of the doula benefit.

We are, therefore, hopeful that the consultation for Medicaid reimbursement prompts the same kind of engagement as the MHAG. Consultation can and should inform the rates for home visiting services in the District, but only if there is meaningful participation across all eligible or potentially eligible home visiting programs. This is an opportunity for DHCF to ensure Medicaid reimbursement is driven by home visitors to set sufficient reimbursement rates.

Home Visiting Requires Continued Local and Federal Investments to Maintain Funding for All Aspects of the Programs

DC home visiting programs' ability to draw down Medicaid dollars will allow for more consistent and stable funding. Medicaid reimbursement provides more stable funding as it specifically outlines which services can and cannot be reimbursed. This means programs will be able to account for certain home visiting services receiving

reimbursement; services like breastfeeding education, parenting skills, family planning, nutritional information, case management, referral to services, screening, and health promotion and counseling.[49] Medicaid does not pay for the full costs of operating a home visiting program, there will be certain aspects of a program that will not be able to draw down Medicaid reimbursement, including training of home visitors, data management, supervision, and related administrative activities.[50] The aspects of home visiting programs not covered by Medicaid can, however, be covered by sufficient investment of other funding streams such as local and federal dollars. For example, the administrative aspect of billing Medicaid can at times be burdensome, especially for community-based organizations that do not currently bill for services and may lack the experience or staff to properly bill. Home visiting programs across the District must be able to access funds other than Medicaid to support their administrative capacities.

Medicaid reimbursement for home visiting provides a path toward greater investment in an underinvested service delivery model. Through Medicaid reimbursement, there is an opportunity to increase funding that home visiting programs can draw down to move forward their valuable work. However, Medicaid reimbursement cannot be the only funding source for home visiting programs in the District. It must be skillfully braided with other funding sources like MIECHV and local dollars.

We, therefore, ask the Council to ensure that the current funding levels for home visiting remain stable. Continued local investment in home visiting is critical to ensure the non-reimbursable elements of home visiting continue to operate at full capacity. DC home visiting programs cannot afford to lose any of their current investment. We must build up these programs so they can continue to serve DC children and families in the earliest years of development.

Conclusion

Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

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[1] Nadine Burke Harris, Toxic Childhood Stress: The Legacy of Early Trauma and How to Heal (2020).

[2] *See* Children's Law Center Policy Testimony, *available at:* https://childrenslawcenter.org/audience/policy-testimony/.

[3] Department of Health Care Finance, How to Renew Your Medical Coverage, *available at:* https://dhcf.dc.gov/service/how-renew-your-medical-coverage#:~:text=In%20order%20to%20continue%20to,Medicaid%20coverage%20once%20a%20year.

[4] Families First Coronavirus Response Act (FFCRA) required states to maintain enrollment of nearly all Medicaid enrollees during the COVID-19 public health emergency. *See* Medicaid.gov, *Unwinding and Returning to Regular Operations after COVID-19, available at*: https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html#:~:text=The%20Consolidated%20Appropriations%20Act%2C%202023,end%20on%20March%2031%2C%202023.

[5] Joan Alker, *Lessons from the Pandemic: Medicaid Works!*, Georgetown University McCourt School of Public Policy Center for Children and Families, December 7, 2022, *available* at: https://ccf.georgetown.edu/2022/12/07/lessons-from-pandemic-medicaid-continuous-coverage-works/; Jennifer Tolbert and Meghana Ammula, *10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision,* KKF, June 9, 2023, *available at*: https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/; Farah Erzouki, *States Must Act to Preserve Medicaid Coverage as End of Continuous Coverage Requirement Nears,* Center on Budget and Policy Priorities, February 6, 2023, *available at*: https://www.cbpp.org/research/health/states-must-act-to-preserve-medicaid-coverage-as-end-of-continuous-coverag; Joan Alker and Tricia Brooks, *Millions of Children May Lose Medicaid: What Can Be Done to Help Prevent Them from Becoming Uninsured?*, Georgetown University Health Policy Institute Center for Children and Families, February 17, 2022, *available at*: https://ccf.georgetown.edu/wp-content/uploads/2022/02/Kids-PHE-FINAL-2-17.pdf.

[6] Edwin Park, et. al., *Consolidated Appropriations Act, 2023: Medicaid and CHIP Provisions Explained,* Georgetown University McCourt School of Public Policy Center for Children and Families, January 4, 2023, *available at*: https://ccf.georgetown.edu/2023/01/05/consolidated-appropriations-act-2023-medicaid-and-chip-provisions-explained/.

[7] As of March 2023, there 160,059 children (ages 0-20) living in the District and of that population, 101,478 were enrolled in Medicaid. *See* District of Columbia Department of Health Care Finance Monthly Enrollment Report - April 2023, Reflecting Period of March 2022-March 2023, *available at:* https://www.dchealthmatters.org/demographicdata?id=130951&sectionId=942; https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/MCAC%20Enrollment%20Report%20-%20April%202023.pdf.

[8] "Research shows that Medicaid eligibility during childhood lowers the high school dropout rate, raises college enrollment, and increases four-year college attainment." *See* Jessica Schubel, *Expanding Medicaid for Parents Improves Coverage and Health for Both Parents and Children,* Center on Budget and Policy Priorities, June 14, 2021, *available at*: https://www.cbpp.org/research/health/expanding-medicaid-for-parents-improves-coverage-and-health-for-both-parents-and#:~:text=Research%20shows%20that%20Medicaid%20eligibility,increases%20four%2Dyear%20college%20attainment; https://news.virginia.edu/content/study-expanded-medicaid-kids-results-more-stable-households; https://ccf.georgetown.edu/2022/10/07/medicaid-and-chip-continuous-coverage-for-children/. *See also* Allison Barrett Carter, STUDY: EXPANDED MEDICAID FOR KIDS RESULTS IN MORE STABLE HOUSEHOLDS, UVAToday, March 1, 2022, *available at*: https://news.virginia.edu/content/study-expanded-medicaid-kids-results-more-stable-households; Cathy Hope, *Medicaid and CHIP Continuous Coverage for Children*, Georgetown University McCourt School of Public Policy Center for Children and Families, October 7, 2022, *available at*: https://ccf.georgetown.edu/2022/10/07/medicaid-and-chip-continuous-coverage-for-children/.

[9] Cathy Hope, *Medicaid and CHIP Continuous Coverage for Children,* Georgetown University McCourt School of Public Policy Center for Children and Families, October 7, 2022, *available at*: https://ccf.georgetown.edu/2022/10/07/medicaid-and-chip-continuous-coverage-for-children/.

[10] Aditi Vasan and Rebecka Rosenquist, *the Importance of Medicaid Continuous Enrollment Policies for Children and Families,* Children's Hospital of Philadelphia, June 7, 2023, *available at*: https://policylab.chop.edu/blog/importance-medicaid-continuous-enrollment-policies-children-and-families#:~:text=In%202018%2C%20for%20example%2C%2011.2,medical%20needs%20and%20unfilled%20prescriptions; Tricia Brooks and Allexa Gardner, *Continuous Coverage in Medicaid and Chip,* Georgetown University Health Policy Institute Center for Children and Families, July 2021, *available at*: https://ccf.georgetown.edu/wp-content/uploads/2021/07/Continuous-Coverage-Medicaid-CHIP-final.pdf; Cathy Hope, *Medicaid and CHIP Continuous Coverage for Children,* Georgetown University McCourt School of Public Policy Center for Children and Families, October 7, 2022, *available at*: https://ccf.georgetown.edu/2022/10/07/medicaid-and-chip-continuous-coverage-for-children/.

[11] The Bright Futures/American Academy of Pediatrics (AAP), AAP Schedule for Well-Child Care Visitis, *available at*: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx.

[12] *Id.*

[13] For example, across the District HealthySteps, integrated behavioral health care in pediatric primary care, is in 10 sites and allows children and families to be connected with prevention and early intervention services. See Early Childhood Innovation Network, HealthySteps DC, *available at*: https://www.ecin.org/healthysteps.

[14] Health Affairs examined "children's Medicaid participation during 2019–21 and found that as of March 2021, states newly adopting continuous Medicaid coverage for children during the COVID-19 pandemic experienced a 4.62 percent relative increase in children's Medicaid participation compared to states with previous continuous eligibility policies." *See* Aditi Vasan, et. al., *Continuous Eligibility And Coverage Policies Expanded Children's Medicaid Enrollment*, Health Affairs Vol. 42., No. 6, June 2023, https://doi.org/10.1377/hlthaff.2022.01465. Additionally, it has been found that churning on and off Medicaid coverage can "limit access to care and lead to delays in getting needed care. Gaps in coverage can be especially problematic for young children who are recommended to receive frequent screenings and check-ups." Elizabeth Williams, et. al., *Implications of Continuous Eligibility Policies for Children's Medicaid Enrollment Churn,* KKF, December 21, 2022, *available at*: https://www.kff.org/medicaid/issue-brief/implications-of-continuous-eligibility-policies-for-childrens-medicaid-enrollment-churn/; Emma Daugherty and Cindy Mann, Oregon Leads the Way for States to Provide Continuous Coverage in Medicaid, Manatt, Phelps & Phillips, LLP, January 30, 2023, available at: https://www.jdsupra.com/legalnews/oregon-leads-the-way-for-states-to-8118990/; [14] Kelly Whitener and Matthew Snider, *Advancing Health Equity for Children and adults with a Critical Tool: Medicaid and Children's Health Insurance Program Continuous Coverage*, Georgetown University Health Policy Institute Center for Children and Families and UNIDOS US, *available at*: https://ccf.georgetown.edu/wp-content/uploads/2021/10/continuity-of-coverage-final.pdf.

[15] Jennifer Wagner and Judith Solomon, *Continuous Eligibility Keeps People Insured and Reduces Costs,* Center on Budget and Policy Priorities, May 4, 2021, *available at*: https://www.cbpp.org/research/health/continuous-eligibility-keeps-people-insured-and-reduces-cost.

[16] Kelly Whitener and Matthew Snider, *Advancing Health Equity for Children and adults with a Critical Tool: Medicaid and Children's Health Insurance Program Continuous Coverage*, Georgetown University Health Policy Institute Center for Children and Families and UNIDOS US, *available at*: https://ccf.georgetown.edu/wp-content/uploads/2021/10/continuity-of-coverage-final.pdf.

[17] Phil Galewitz, *Oregon will become 1st state in nation to allow children who enroll in Medicaid at birth to stay to age 6,* The Oregonian, March 17, 2023, *available at*: https://www.oregonlive.com/business/2023/03/oregon-will-become-1st-state-in-nation-to-allow-children-who-enroll-in-medicaid-at-birth-to-stay-to-age-6.html; Emma Daugherty and Cindy Mann, *Oregon Leads the Way for States to Provide Continuous Coverage in Medicaid,* Manatt, Phelps & Phillips, LLP, January 30, 2023, *available at*: https://www.jdsupra.com/legalnews/oregon-leads-the-way-for-states-to-8118990/.

[18] *Id.*

[19] Joan Alker and Tricia Brooks, *Millions of Children May Lose Medicaid: What Can Be Done to Help Prevent Them from Becoming Uninsured?,* Georgetown University Health Policy Institute Center for Children and Families, February 17, 2022, *available at*: https://ccf.georgetown.edu/wp-content/uploads/2022/02/Kids-PHE-FINAL-2-17.pdf; Rostad WL, Moreland AD, Valle LA, Chaffin MJ. Barriers to Participation in Parenting Programs: The Relationship between Parenting Stress, Perceived Barriers, and Program Completion. J Child Fam Stud. 2018 Apr;27(4):1264-1274. doi: 10.1007/s10826-017-0963-6. Epub 2017 Dec 22. PMID: 29456438; PMCID: PMC5812022.

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Testimony Before the District of Columbia Council

Committee on Health

October 4, 2023

Public Hearing:

B25-0321 - Home Visiting Services Reimbursement Act of 2023

Luis Chavez

Director of Operations and Outreach

The Family Place

The Family Place promotes stability and well-being for immigrant & low-income families in the Washington, DC area. We offer free education, support services, case management, and social support in Spanish in a welcoming, multi-cultural environment for every family or individual that enters our building. Dedicated to meeting the needs of our participants, we assist people of all ages, ethnicity, and background.

Luis Chavez' Testimony

B25-0321 - Home Visiting Services Reimbursement Act of 2023

My name is Luis Chavez and I'm the Director of Operations and Outreach at The Family Place and a former Home Visitor for 5 years. The Family Place is an organization located in Ward 1 serving low-income immigrant families across the District of Columbia. I am here to testify today in support of the B25-0321 Home Visiting Services Reimbursement Act of 2023.

Through my work, I have witnessed firsthand the transformative impact that these programs can have on families. Home visitors often become a final safety net of support for participant families, helping them navigate complex challenges such as homelessness, domestic violence, and hunger. The rapport built between home visitors and families fosters trust, allowing for open and honest discussions on sensitive topics. Through a collaborative approach, families are empowered to make positive changes and break the cycle of adversity.

Home Visiting programs utilize evidence-based methods to track and improve cognitive and motor skill development in infants and children. These programs play a crucial role in supporting parents and families, particularly in neglected and low-income populations. Several peer-reviewed journals show that routine and consistent home visits from qualified social service workers greatly benefit parents and children by tracking the children's development and identifying delays or possible cognitive issues early and implementing clinically proven intervention methods through activities and movement exercises.

Child development home visiting programs play a crucial role in addressing developmental disparities among underserved populations, particularly neglected and low-income communities. These programs extend beyond cognitive and motor skill development, tackling broader issues like food insecurity, housing instability, domestic violence, prenatal care access, substance abuse recovery, and mental health concerns. By addressing these factors, home visiting programs level the playing field for children, ensuring they receive essential support. Home visitors also tap into extensive community networks, offering immediate assistance such as diapers, food, rent aid, translation services, workforce development, help with social benefit applications such as WIC, SNAP, TANF, Medicaid etc., and even courtroom advocacy. These programs are especially vital in underserved areas, empowering families to advocate for their children's developmental well-being.

The COVID-19 pandemic highlighted vulnerabilities in neglected and low-income communities. Therefore, I would like to conclude by stating that increasing the funding available to support child development home visiting programs post-pandemic is essential

to ensure that families receive the necessary resources to get back on their feet before thriving on their own. Together, let us advocate for these programs and empower families to provide the best possible start for their children's development and the required tools to move the direction of their families in a positive direction.

Testimony of Mary Katherine West
Home Visiting Program Coordinator, DC Action
DC Council Committee on Health
Hearing on B25-0321 - Home Visiting Services Reimbursement Act of 2023
October 4, 2023

Good morning Chairperson Henderson and members of the Committee on Health. Thank you for your support for the *Home Visiting Services Reimbursement Act* and for the opportunity to address the Committee today. My name is Mary Katherine West and I am the Program Coordinator for the Home Visiting Council at DC Action, member of the Under 3 DC Coalition, and Ward 1 resident.

DC Action uses research, data, and a racial equity lens to break down barriers that stand in the way of all kids reaching their full potential. We are the home to DC KIDS COUNT, an online resource that tracks key indicators of child and youth well-being and the Home Visiting Council which convenes home visiting programs and stakeholders to build a stronger system for expectant parents and families with young children.

We believe that we can achieve healthy communities through early intervention and prevention services like home visiting. Families need connection, resources, and support to thrive. Home visitors use a curriculum that supports families to reach their goals in pregnancy outcomes, maternal and child health, child and family safety, parenting skills and practices, social emotional and cognitive development for children, and school readiness. One home visiting participant, Amy, shared, “Home visiting has taught me a lot! Because of my age, being a mom has been very difficult for me. My home visitor has been a great support for me and teaches me many things about my baby as she grows, step by step.”

We strongly support the Home Visiting Services Reimbursement Act, which provides an opportunity for DC to garner additional federal funding for home visiting programs. Funding for home visiting programs comes from a variety of federal, local, and private sources. Over 80% of programs receive some public funding either from DC Health, the Center for Family Services (CFSA), the Community Based Child Abuse Prevention grant (CBCAP), Early Head Start, Family First Prevention Services Act, or the Maternal Infant Early Childhood Home Visiting (MIECHV) program. Since 2018 and throughout the COVID-19 pandemic, both public funding structures have been highly variable, forcing programs to adjust and adapt to budget changes and tight budgets.

Alongside other federal and local sources, Medicaid reimbursement would provide an additional and maintained investment into home visiting that programs can count on year after year. In the past year, programs have faced the consequences of uncertain and unstable budgets. One program faced a local budget reduction in response to a position vacancy that they were struggling to hire due to a low salary. The program had to rely on private funds allocated to another program in the organization to cover costs. Between grants, another locally funded

program halted in-person visits due to insufficient funds to cover transportation to families homes. The program was able to still provide virtual home visits, but it is harder for home visitors to engage families virtually.

Families bear the consequences of inadequate and unstable funding. Eighty percent of the Districts' programs struggle to recruit and retain home visitors, citing issues of high stress and low pay. Without a full team of home visitors, programs cannot meet the needs of all families who would benefit from their services. When home visitors leave the workforce, families may be without a home visitor for months, or decide to leave the program entirely. Even if families get a new home visitor, it takes time for them to feel comfortable and trust the new relationship. By strengthening and stabilizing programs, Medicaid reimbursement would facilitate more seamless service provision beyond the almost 1,400 families served in FY 2022.

Based on the language in the legislation, 13 of the District's 17 home visiting programs are likely to meet the evidence-based standards for reimbursement. This includes 12 programs that meet the HOMVEE standards for evidence based home visiting: Bright Beginnings: Parents As Teachers, Community of Hope: Healthy Families America, Community of Hope: Parents As Teachers, Generation Hope: Parents As Teachers, Georgetown: Parents As Teachers, Healthy Babies Project: Healthy Families America, Matha's Table: Parents As Teachers, Mary's Center: Healthy Families America, Mary's Center: Parents As Teachers, Mary's Center: Nurse Family Partnership, Rosemount Center: Parents As Teachers, The Family Place: Home Instruction for Parents of Preschool Youngsters (HIPPY).

In addition, the home visiting program at Mamatoto's Village which is working to publish independent and rigorous evidence of effectiveness. Currently, the legislation provides flexibility for the four remaining programs to gain access to reimbursement if they are able to produce rigorous evidence that their program meets a comparable evidence-based standard.

Evidence-based standards demonstrate that, through their personalized and holistic approach, home visiting programs increase school readiness, positive maternal outcomes, child health and development, family economic self-sufficiency, and the parents' confidence in caring for their children. Home visiting decreases child abuse and neglect, intimate partner violence, preventable childhood health conditions like low-weight births and preterm births, and most importantly, reduces infant mortality rates, which is critically important in the Distrist as our rate is 6.6 out of every 1,000 babies, higher than the national average of 5.4. Infant mortality disproportionately affects Black babies in the District, and eleven out of every 1,000 for Black infants do not make it to their first birthday. Parental health is another key outcome for home visiting programs which has the potential to reduce unacceptable disparities in the District. Between 2014 and 2018, Black parents represented over 90% of deaths from pregnancy and birth complications. Home visiting should be a key resource to the District's approach to eliminate unacceptable disparities in birthing for Black families.

Home visiting programs help families reach their goals and manage challenging life transitions during the duration of the program, but also represent an investment in children and families'

futures. Because of the positive impacts of home visiting, we are able to address the root causes of many other issues, leading to better outcomes for families, that also result in reductions in spending on social services for foster care food and income assistance, the juvenile justice system, child abuse and neglect, and special education or grade repetition reflect the long term outcomes of investing in home visiting. According to the Center for American Progress, these reductions provide a return for up to $5.70 for every dollar spent on home visiting.

If passed and fully implemented, the District would join 28 other states, including our neighbors in Maryland, who have fully implemented pathways for home visiting providers to receive reimbursement from Medicaid. This is a common sense and practical solution to increasing funding for home visiting that recognizes the value of home visiting for families and their little ones while providing cost savings to the District.

We hope the committee will quickly mark up and the DC Council will pass the *Home Visiting Services Reimbursement Act* so that the Department of Health Care Finance can begin to create its State Plan Amendment for submission and approval by the Centers for Medicare and Medicaid Services. When creating the SPA, DHCF must engage and listen to the affected programs. DC Action and the Home Visiting Council would be eager to work with DHCF to support a smooth and effective implementation so we can ensure the added Medicaid dollars go to serving families and improving program outcomes. DHCF must establish a reimbursement system that provides desirable rates to cover program costs and incentivize participation as well as desirable methods that do not put undue burden on programs' reporting capacity.

Now is the time to invest in the District's families. We are excited for the opportunity to strengthen funding and stabilize these essential programs, which families across the District depend on. With coordination in the sector, we can work together to ensure that these investments successfully reach families and help them thrive.

Thank you for your time and consideration. If you have any questions or matters you would like to discuss I can be reached at the contact information below.

Mary Katherine West
Home Visiting Program Coordinator
DC Action
mkwest@dckids.org

Thank you for the opportunity to speak today **in support of the "Home Visiting Services Reimbursement Act of 2023"**. My name is Mary Revenis, I am a neonatologist who has worked in a DC NICU for several decades. I am speaking on behalf of the DC American Academy of Pediatrics neonatologists in DC.

We support this Home Visitation Reimbursement Act because **This Act will strengthen home visitation services. Home visitation has proven benefits** for improving child and maternal health outcomes including engagement in prenatal care, recognition of preterm labor, decreased incidence of costly preterm birth, increase the recognition of pre- and post-partum maternal complications, support for breastfeeding, reducing ER visits, and decreasing intimate partner violence and child abuse and neglect. Despite the many benefits of improving family health and wellbeing, **home visitation is an underutilized tool in the US, posing missed opportunities, including significant cost savings by prevention strategies**.

As neonatologists we care for the babies of many DC families who could benefit from home visitation both before and after the delivery of the newborn. The **rate of preterm delivery in DC is high at 10.1%** earning a C- rating by the March of Dimes, with a disheartening **disparity in preterm delivery rates which contribute to disparity in infant mortality** as the preterm birth rate is twice as high for Black babies than White. Home visitation during the pregnancy could reduce some preterm deliveries, improve pregnant person health and nutrition and infant birth weight, and reduce pregnancy associated stress and depression.

Risks for the birthing parent continue after the delivery. While newborns are in our intensive care nursery, it is **not uncommon for the birthing parent to need to be readmitted to the hospital** for several reasons, including high blood pressure and wound care problems that develop after birth hospital discharge. Again, those most at risk are mothers of color. Post-natal home visitation can be valuable and life saving for the birthing parent, to identify post-delivery problems more quickly during that critical time post-delivery. **Post partum anxiety and depression** are also frequent complications and impact the functioning of the whole family and the infant development. Home visitation can identify this condition by screening, lend support, and identify if more support or therapy is needed.

Provision of human milk is so important for the health and development of the newborn and infant. Birth hospitalization is too brief to fully support the establishment of breastfeeding. New parents who want to do the right thing for their newborn often realize there are problems only after they get home but support for new parents is not easy to obtain in the community. Home visitation can help new parents **establish and continue breastfeeding for a longer duration**.

Developmental concerns are common for DC infants and children. Having eyes on the developing child in the home environment can help to educate parents about age-appropriate expectations, warding off family frustrations and **child abuse**.

In DC in 2019-2020 there were 85 infant deaths. Thirteen infants died of suffocation due to unsafe sleep practices and 2 died of SIDS. These largely preventable deaths accounted for more than 17% of infant mortality, contributing significantly to infant mortality disparity. Reviews by DC Infant Mortality Review Committee show that most commonly, a crib or pack-and-play is present in the home. Infant

death scene investigations identify unsafe sleep practices with cribs filled with stored items, clearly not in routine use. Home visitation could recognize safe-sleep practices are not being followed at home and **encourage safer practices** before a death occurs and **reduce infant death disparity**.

Thank you for considering this legislation which we support. This Act will improve stable financing for home visitation, enable home visitation to more DC families, and enable retention of qualified home visitors. There is potential to **reduce disparities in maternal morbidity and infant mortality in DC**. Not only will DC families benefit, but **prevention of problems is cost saving**.

Misha Hill - Mamatoto Village

Good morning Chair Henderson. Thank you for the opportunity to speak before the Committee on Health. My name is Misha Hill. I use she/her pronouns. I am a transplant to DC, a former Ward 7, and a current Ward 5 resident; I work in and serve families East of the River. I'm proudly a Forever Auntie and serve as the Partnerships and Advocacy Manager at Mamatoto Village. I'm here to testify in strong support of the common sense legislation, the Childhood Continuous Coverage Act of 2023. I'm childfree by choice and called to birth justice work because too many of my dear friends had traumatic pregnancy and birth experiences. Their education, marital status, and income were not sufficient protective factors against the institutionalized racism in our healthcare system.

According to 2021 data from The Kaiser Family Foundation (KFF), Medicaid finances nearly half of all births in the US and 43% of births in DC. When fully implemented, the Childhood Continuous Coverage Act will help to ensure that babies born to these Medicaid-eligible families maintain health insurance coverage until their sixth birthday. These children won't risk losing coverage because of clerical oversight, because DHCF sent a Medicaid renewal letter to an old address, or because someone mistakenly threw out the Medicaid renewal letter because it looked like junk mail or a bill.

Since the end of continuous coverage that was afforded to all Medicaid recipients during the COVID-19 public health emergency, children have accounted for 41% of disenrollments in the 17 states that report data by age–DC is not one of those states. Medicaid coverage is a powerful protective factor for children living in poverty. In the District, Medicaid covers 91% of children living in poverty. The District is doing a great job enrolling children living in poverty in Medicaid, and this bill would strengthen the safety net that supports children in families earning low incomes.

9/19/2023

Christina Henderson, Chair
Committee on Health
Council of the District of Columbia
The John A Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Re: B25-0321: The Home Visiting Services Reimbursement Act of 2023

Dear Chairperson Henderson:

I am a practicing ObGyn, director of Family Planning at MedStar Washington Hospital Center and Associate Professor of Obstetrics and Gynecology at Georgetown University School of Medicine, with over 25 years of clinical experience. I also serve as the Vice-Chair of the DC Chapter of the American College of Obstetricians and Gynecologists (ACOG). I am writing to express my support for the Home Visiting Services Reimbursement Act of 2023.
This legislation would provide Medicaid and Alliance coverage for well-established, evidence-based home visiting programs that are grounded in relevant empirically-based knowledge and meet criteria for evidence of effectiveness as determined by standards set by the U.S. Department of Health and Human Services or substantially equivalent criteria for evidence of effectiveness.

The various models of evidence-based home visiting provide high levels of support and wrap around services for women during pregnancy and throughout the post-partum period. Many programs embrace a two-generational model, which allows these services continue through the child's early developmental stages. These programs do more than help women access needed healthcare during pregnancy and postpartum. They assist them to navigate and manage stressors throughout their pregnancies and as new parents, screen and monitor for health and mental health risks and complications, educate them on contraception, diet, nutrition and child development, and facilitate access to resources that can improve their health and that of their families. Some programs, like the Nurse Family Partnership, are staffed by specially trained Registered Nurses who are able to provide on-going clinical assessments and support to women with conditions like high blood pressure, diabetes and obesity that place these women at higher risk for complications during pregnancy and beyond.

Nationally, we know that Black women continue to experience disproportionately high rates of maternal morbidity and mortality and infant mortality, and unfortunately those data are similar

here in Washington, DC. I care for women who are trying to defy the statistics every day. Many are burdened with extraordinary stressors, including lack of access to transportation, poor housing and homelessness, and exposure to gun violence and high levels of trauma within their communities, that increase their risk for complications and poor birth outcomes. We need to provide them with all the support and wrap around services that we can.

Thank you for the opportunity to provide comments on this legislation.

Sincerely,

Pamela Lotke, MD MPH

Rakeeta Steele

My name is Rakeeta Steele and I have been with the Healthy Babies Project for over 3 years. . I joined when I was expecting my middle son. I was not really sure what I was going to receive. My main purpose was to find support for my growing family. Although I don't really know how to explain this, things were difficult for me before coming into this program. I got to learn about Healthy Babies through another program I was involved in and I came to the TPEP program. I was then matched with work Ms. Cybele. Little did I know that she would become a part of my team . When I need someone to talk to, need help with food, clothes and items for the boys, someone to process through things I am struggling with in life as a mother or an individual, she is there to listen to me, help me along the way and push me to do more, Cybele is there. Now I am training to become a Family Support Coach so I can offer the same support I was given to other young mothers who need it. Please support home visiting as I am proof that this support is worth every dollar for families in the District.

Amerigroup
District of Columbia

Public Hearing
on

Bill 25-0321, the "Home Visiting Services Reimbursement Act of 2023"

and

Bill 25-0419, the "Childhood Continuous Coverage Act of 2023"

Testimony for the Record
of
Adrian Jordan, President and CEO, Amerigroup DC

Before the
Committee on Health
Council of the District of Columbia
The Honorable Christina Henderson, Chairperson

Amerigroup DC submits the following written statement for the record regarding bills 25-321, the "Home Visiting Services Reimbursement Act of 2023" ("Home Visiting Bill") and 25-419, the "Childhood Continuous Coverage Act of 2023" ("Childhood Coverage Bill").

Amerigroup DC is one of the three managed care organizations, or managed care plans, that provides coverage to residents through the District's Medicaid, Alliance, and Immigrant Children's Programs. We provide high-quality, culturally competent health care that is changing lives and communities for the better for a portion of the more than 200,000 District residents eligible for Medicaid coverage.

The introduced purpose of the Home Visiting Bill is to extend health insurance coverage through the District's Medicaid, Alliance, and Immigrant Children's Programs to cover and reimburse eligible home visiting services. Evidence-based home visiting services and programs that educate and support new and expecting mothers have been proven strategies that improve maternal and infant health outcomes. Amerigroup DC supports these programs as another tool in the District's toolkit for addressing health disparities and advancing health equity.

In addition to the District's work to address maternal and infant health, Amerigroup DC has undertaken its own efforts towards producing positive outcomes. For example, we host a monthly event series called "Maternal Wellness Wednesday", which works to provide unique programming with a focus on maternal and family health. The most recent Maternal Wellness

Wednesday taught new and expecting mothers healthy eating habits and was accompanied by a cooking demonstration and nutrition class. Programs such as these are, of course, supplemental to the full range of women's health coverage benefits we provide.

The introduced purpose of the Childhood Coverage Bill is to establish continuous health care coverage for District children ages 0 to 6 years old who are enrolled in Medicaid or the Immigrant Children's Program. Amerigroup DC understands the importance of having reliable, comprehensive health coverage as highlighted by the current Medicaid renewal and redetermination process states across the country are undergoing. To date, Amerigroup DC has taken a number of proactive steps across different platforms to outreach to our members to ensure they are as informed as possible about Medicaid renewals, the possible loss of coverage, and the actions they need to take in order to remain covered. We look forward to being valued partners with the District as we all work to help residents remain covered and maintain access to health care when they need it most.

Thank you for the opportunity to provide testimony on the Home Visiting and Childhood Coverage Bills. Amerigroup DC is available to answer any questions the Committee may have.

My name is Aujanae Walker and I have been with Mary's Center's Nurse Family Partnership home visiting program since I was pregnant with my smart, beautiful and outgoing daughter, Royalty. She is now 18 months old.

My experience with home visiting has been great and positive. I feel like I have grown from where I was at first until now. I have learned how to control my reactions and be patient with my child and others.

I would describe my experience as positive, outstanding and motivating. Every time we have a home visit it's always positive. I go out of my way to say how I feel, which is outstanding. My home visitor is always patient when it comes to talking about how I feel.

I have learned to never doubt myself while working with my home visitor. I am proud to share that I graduated high school at 18 years old this June! Now I have more goals that I am working towards for me and Royalty including cosmetology school, nursing school, a real estate license and the army.

I hope that the next parent can accomplish everything they say they want to do like I have so far and am striving for in the future. I know they can benefit from the home visiting program like I have. Thank you.

AmeriHealth Caritas
District of Columbia

October 3, 2023

The Honorable Christina Henderson
Chair, Committee on Health
Council of the District of Columbia
The John A Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

UPLOADED TO: https://lims.dccouncil.gov/Hearings/testimony/87

Re: B25-0321: The Home Visiting Services Reimbursement Act of 2023

Dear Chairperson Henderson:

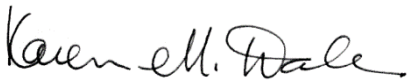
I am writing to express my support for the Home Visiting Services Reimbursement Act of 2023. This legislation creates a pathway to establish Medicaid and Alliance coverage for home visiting programs that have demonstrated the ability to improve health outcomes for birthing people, newborns and children. As drafted, eligible home visiting programs include those that meet U.S. Department of Health and Human Services criteria for evidence of effectiveness as determined by a Home Visiting Evidence of Effectiveness review or meet substantially equivalent criteria for evidence of effectiveness as determined by a credible, independent academic or research organization. This language is important because it recognizes the value of newer, locally-developed programs such as Mamatoto's Village, with whom AmeriHealth has worked for several years, that are in process of developing and publishing data demonstrating a positive impact on health outcomes.

Regrettably, while DC has made some progress to improve birthing people and child health outcomes in recent years, Black birthing people in DC continue to experience disproportionately high rates of adverse birth outcomes including high rates of maternal morbidity and mortality and infant mortality. We know that our enrollees often have pre-existing conditions such as high blood pressure, diabetes, substance abuse or mental health issues that place them at higher risk for complications during pregnancy. Pregnancy and birthing people health outcomes also can be impacted adversely by myriad social factors including lack of income, transportation, stable housing, or access to healthy food. Based upon our experience, evidence-based home visiting programs are effective in reducing risks and improving the health and birth outcomes for our

enrollees. Leveraging Medicaid to pay for these services is extremely cost-effective and would enable us to broaden our service offerings and serve more birthing people and families.

Thank you for the opportunity to provide comments on this legislation, and should you have any questions, please do not hesitate to contact me at (202) 821-2764.

Sincerely,



Karen M. Dale
Market President/CEO

My name is Nashema McBeath and I am writing to express my strong support for the Home Visiting Services Reimbursement Act of 2023 (B25-0321) and to urge you to consider the vital importance of this legislation. As an Educare DC Parent Ambassador and an advocate for social justice, a mother to a child with Down syndrome, and someone deeply committed to health equity, particularly for black women, I firmly believe that this act will have a profound positive impact on our community's public health agenda.

First and foremost, the Home Visiting Services Reimbursement Act is crucial because it directly addresses the disparities and inequities that many families face when seeking healthcare services. For families like mine, who have children with special needs, access to home visiting services can make all the difference in their health and development. These services can provide essential support and guidance for parents, ensuring that every child has an opportunity to thrive.

Statistics show that black women in the District are disproportionately affected by health disparities. This legislation is a critical step toward addressing these disparities. By expanding access to home visiting services, we can offer black women and their families the support they need during pregnancy and early childhood, leading to better maternal and child health outcomes.

The Home Visiting Services Reimbursement Act will also have a far-reaching impact on the overall public health agenda in the District. By providing support to mothers and families, we can reduce the incidence of preterm births, improve child development, and enhance maternal health, ultimately lowering the burden on our healthcare system. This legislation is an investment in the well-being of our community, with long-term benefits for all residents.

In my pursuit of a degree in health management at Howard University, I aim to have a seat at the table to influence health policy and regulations. This act aligns with my goal to strengthen communities and individuals facing challenges in equity and access. I believe it is a critical piece of the puzzle to create a more just and equitable healthcare system in the District.

In conclusion, I urge the D.C. Council to support and pass the Home Visiting Services Reimbursement Act of 2023 (B25-0321). By doing so, you will take a significant step toward improving the health and well-being of all District residents, particularly black women and their families. Let us work together to build a healthier and more equitable future for our community.

Martha's Table
EDUCATION • FOOD • OPPORTUNITY
40 years strong

September 29, 2023

UPLOADED TO:
https://lims.dccouncil.gov/Hearings/testimony/87

The Honorable Christina Henderson
Chair, Committee on Health
Council of the District of Columbia
The John A Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Re: B25-0321: The Home Visiting Services Reimbursement Act of 2023

Dear Chairperson Henderson:

I am writing to express my support for the Home Visiting Services Reimbursement Act of 2023. This legislation provides Medicaid and Alliance coverage for established, evidence-based home visiting programs that have demonstrated the ability to improve health outcomes for mothers, newborns, and children.

As you are aware, Martha's Table has been serving families in Wards 7 and 8 from our Southeast, D.C. location at The Commons since 2018. We offer a plethora of programs that support the development of strong children, strong families, and strong communities by increasing access to quality education, health and wellness, and family resources. In 2022, we entered into a Memorandum of Agreement with Mary's Center to help support the implementation of the Nurse Family Partnership (NFP), an evidence-based home visiting program that pairs specially trained registered nurses with low-income, high-risk, first-time mothers to provide home visits during pregnancy and through the first two years of the child's life. Multiple clinical studies and years of longitudinal research have shown that NFP improves maternal health and birth outcomes, including reducing pregnancy-induced hypertension, a medical condition that can lead to one of the hypertensive causes of maternal death. Nurses also address other risk factors, such as preeclampsia, which is associated with preterm births and maternal deaths, as well as substance use, intimate partner violence, and mental health, also associated with maternal deaths.

We know from serving families in our community that Black women face significant risks when they become pregnant. DC Health's own data shows that Black women, particularly those living in Wards 7 and 8, have the highest rates of maternal death and morbidity in the city. Under the terms of our Agreement with Mary's Center, we agreed to help promote awareness of the NFP program to help connect first time mothers living East of the River to NFP. For its part, Mary's Center committed to hire an additional four-nurse team (which would double program capacity) and to house this team at our Southeast, D.C. headquarters. However, the agreement to hire four additional nurses to focus on the needs of birthing people in SE is contingent upon identifying a sustainable source of additional funding.

Accordingly, we urge the Council to enact the Home Visiting Services Reimbursement Act of 2023. This legislation would provide Medicaid and Alliance coverage for NFP and other evidence-based home visiting programs that would directly benefit families in SE. Leveraging Medicaid to fund evidence-based home visiting is cost-effective and ensures needed, increased investments in preventive services that support and strengthen our families and help them thrive.

Thank you for the opportunity to support this legislation.

Sincerely,

Tiffany Williams
President & CEO

Rosa Gonzalez

This testimony is being submitted in English. Rosa will be reading it in Spanish.

Rosa Gonzalez's Testimony: Home Visiting Reimbursement Act 2023

Hello Councilmembers, My name is Rosa Gonzalez and I'm here today to share about my experience in Home Visiting and ask that you pass the Home Visiting Reimbursement Act of 2023. Thank you for your time.

I have been a participant of Parents as Teachers with my 3 children for 5 years and have benefitted tremendously from the program. When I initially started Parents as Teachers, I was timid and afraid of many things. As I spent more time with my Family Support Worker, I saw how helpful and knowledgeable she was and began to open up. Through her support, I learned about many resources that were available to my family and gained confidence in advocating for myself and navigating the unknown.

Home Visting has supported me in many ways, but a few experiences have been the most impactful on my family. Once we were facing housing insecurity and I fell into a depression, feeling that I had no way of moving forward. The Family Support Worker stepped in with solutions and resources to help us navigate out of the difficult situation. At another point, my middle child was experiencing a speech delay. We were supported with his development with the activities and attention provided by the Family Support Worker, and he was able to start speaking. Many times us parents have to focus on survival and don't have the tools and capacity to best know how to help our children, and that is when programs like Home Visiting become a guide and a lifeline.

I also regained confidence in myself through working with my Family Support Worker. Sometimes immigrants like myself get to this country feeling silenced, facing so many "no's", losing value of oneself, and programs such as these help us gain some of the valor we have lost in our journey here. My Family Support Worker has been dependable, made me feel valued, listened to, and that has been a huge support in and of itself. I have the will to "salir adelante."

Through my time in the program, I've had 3 Family Support Workers which all have been reliable and knowledgeable, but the transition from one to the other inevitably made me nervous about the program's stability. I worried about how the program ending would affect my family, would I lose the support? Thankfully I haven't, but I'm sharing my story today in hopes that you will pass the Reimbursement Act of 2023 to support the program's sustainability for more families to receive the support I have. I always recommend programs such as these to others because I know how much families and communities can benefit from them, and I thank you all for your continued support and hope that passing this Bill will expand access to more families in DC.

Rosa Gonzalez

Hola Concejales, Mi nombre es Rosa González y estoy aquí hoy para compartir sobre mi experiencia en Home Visiting y pedirles que aprueben la Ley de Reembolso de Home Visiting de 2023. Gracias por su tiempo.

He sido participante de Padres como Maestros con mis 3 hijos por 5 años y me he beneficiado tremendamente del programa. Cuando empecé con Padres como Maestros, era tímida y tenía miedo de muchas cosas. A medida que pasaba más tiempo con mi trabajadora de apoyo familiar, me di cuenta de lo útil y bien informada que era y empecé a tenerle confianza. Gracias a su apoyo, conocí muchos recursos que estaban disponibles para mi familia y gané confianza para defenderme y navegar por lo desconocido.

El programa de visitas a casa me ha apoyado de muchas maneras, pero algunas experiencias han sido las más impactantes para mi familia. Una vez nos enfrentamos a la inseguridad de la vivienda y caí en una depresión, sintiendo que no tenía forma de seguir adelante. La trabajadora de apoyo intervino con soluciones y recursos para ayudarnos a salir de la difícil situación. En otro momento, mi hijo mediano tenía un retraso en el habla. Gracias a las actividades y la atención de la trabajadora de apoyo familiar, pudimos ayudarle en su desarrollo y empezo a hablar. Muchas veces los padres tenemos que centrarnos en sobrevivir y no disponemos de las herramientas y la capacidad necesarias para saber cómo ayudar mejor a nuestros hijos, y es entonces cuando programas como estos se convierten en una guía y un salvavidas.

También recuperé la confianza en mí misma trabajando con mi trabajador de apoyo familiar. A veces los inmigrantes como yo llegamos a este país sintiéndonos silenciados, enfrentándonos a tantos "no’s", perdiendo el valor de uno mismo, y programas como éste nos ayudan a recuperar parte del valor que hemos perdido en nuestro viaje hasta aquí. Mi trabajador de apoyo familiar ha sido fiable, me ha hecho sentir valorada, escuchada, y eso ha sido un gran apoyo en sí mismo. Con su apoyo, tengo la voluntad de salir adelante.

A lo largo de mi tiempo en el programa, he tenido 3 trabajadores de apoyo familiar que han sido de confianza y conocedores, pero la transición de uno a otro inevitablemente me ponía nerviosa sobre la estabilidad del programa. Me preocupaba cómo afectaría a mi familia la finalización del programa, si perdería el apoyo. Afortunadamente no ha sido así, pero hoy comparto mi historia con la esperanza de que aprueben la Ley de Reembolso de 2023 para apoyar la sostenibilidad del programa y que más familias reciban el apoyo que yo he recibido. Siempre recomiendo programas como estos porque sé lo mucho que las familias y las comunidades pueden beneficiarse de ellos, y les agradezco a todos su apoyo continuo y espero que la aprobación de este proyecto de ley amplíe el acceso a más familias en DC.”

Gracias ??

Testimony of Sarah Barclay Hoffman
Early Childhood Innovation Network

Home Visiting Services Reimbursement Act of 2023
Committee on Health
Council of the District of Columbia

October 4, 2023

Good morning Chairwoman Henderson, and members of the Committee. My name is Sarah Barclay Hoffman, and I am the Policy Director of the Early Childhood Innovation Network (ECIN). ECIN is a local collaborative of health and education providers, community-based organizations, researchers, and advocates that promote resilience in families and children from pregnancy through age 5 in Washington, DC.[1] Through close collaboration with families and community stakeholders in the District of Columbia, ECIN aims to advance innovative strategies that support healthy physical and emotional development among infants and toddlers, and ensure the adults in young children's lives have the supports and tools they need. ECIN's tailored interventions work to promote health equity in Black and Brown communities. ECIN is also a member of the Under 3 DC Coalition. Thank you for the opportunity to testify in support of the Home Visiting Services Reimbursement Act.

Home visiting is an evidence-based strategy that has reached a plethora of children and families in DC.[2] Through visitation in a safe and comfortable environment, families build trusting relationships with home visitors that allow them to receive constructive feedback and utilize recommended resources to strengthen their family bond and improve health outcomes for them and their children. Not only does home visiting improve family wellbeing and economic security, but the National Home Visiting Resource Center has also shown that it is highly cost-effective with a significant return on investment.[3]

Science tells us that experiences, both positive and negative, in the first few years of life, have lifelong effects on physical and mental health, learning capacities, and future economic productivity. During these critical years, safe, stable, and nurturing relationships from adult caregivers are critical to healthy brain development. Early relationships build brains and our city and nation's future. Research

[1] For more information on ECIN and its innovations, see https://www.ecin.org/.
[2] DC ACTION. (2022). Standardizing Wages, Boosting Funding, and Streamlining Reporting Will Strengthen the Home Visiting Profession. https://www.wearedcaction.org/standardizing-wages-boosting-funding-and-streamlining-reporting-will-strengthen-home-visiting
[3] For more information on Home visiting, visit: https://nhvrc.org/about-home-visiting/why-home-visiting/

also indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of an excessive stress response, which can adversely affect brain and body development. Positive relationships impact and shape brain architecture, even in the midst of negative experiences and/or environments.[i] Home visiting supports parents in a variety of essential areas, including this critical component of responsive, nurturing parenting, which research demonstrates has profound, lifelong impacts.

ECIN supports increasing and diversifying funds for home visiting, and following the majority of states that have enabled Medicaid to pay for evidence-based home visiting programs, thereby leveraging federal funds alongside local funding. Furthermore, we highlight the research that points to benefits of Medicaid reimbursement, such as increasing access to home visiting programs and realizing cost savings. ECIN has had the opportunity recently for select staff to receive training in an evidence-based home visiting intervention for infants and toddlers – Attachment and Biobehavioral Catchup. While still undergoing training, we hope that this legislation will allow for expanded uptake and access to a wide variety of effective home visiting programs, such as Attachment and Biobehavioral Catchup, and many others highlighted in today's hearing.

Multigenerational, preventive, upstream, evidence-based and -informed approaches from pregnancy through early childhood, such as home visiting, are exactly the types of investments we should be making in the District to advance short- and long-term equitable outcomes for our residents. DC can build on its strong early childhood system by adding home visiting as a Medicaid-reimbursable service.

Thank you again for the opportunity to testify today in support of this bill and I welcome any questions the Committee may have.

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[i] Center on the Developing Child at Harvard University at https://developingchild.harvard.edu/

Testimony of Sharon Sprinkle, MBA, MHA, RN

National Service Office for Nurse-Family Partnership and Child First

Before the Committee on Health

In Support of B-25-321, Home Visiting Services Reimbursement Act of 2023

Greetings, Chairperson Henderson, and members of the Committee on Health. My name is Sharon Sprinkle. I am Co-Director of Nursing Practice with the National Service Office for Nurse-Family Partnership and Child First. The National Service Office is the headquarters for two evidence-based models, Nurse-Family Partnership and Child First and oversees program implementation of the two models. Our organization is committed to supporting families to succeed.

I am here today as a proud native Washingtonian. While I live in Winston-Salem, North Carolina, DC will always be home to me. My family live and work in this vibrant and historic city. I grew up in public housing, in the Sibley Plaza projects, located in ward 6. My DC roots run deep; I spend all major holidays in DC as well as travel home for all major family achievements and celebrations, such as graduations or attendance at the Turkey Bowl when Dunbar is playing. I also have fond memories of attending my first Jackson 5 concert at RFK stadium, working at the national zoo and the Library of Congress, the March on Washington for Jobs and Freedom, graduating from Simmons Elementary, Terrell and Dunbar High Schools. One of my fondest memories is getting married at the courthouse here in DC. As a native Washingtonian, I am honored and humbled to offer testimony for the Home Visiting Services Reimbursement Act 2023.

I am deeply grateful that this legislation was introduced to add evidence-based home visiting services to what's covered by Medicaid. I am thankful for many reasons, chief amongst them is that home visiting supports the first 1,000 days of a baby’s life and provides the opportunity to create bridges across health disparities. The first 1,000 days of life is the period of a child’s life from conception, until the child reaches 2 years of age. A baby's experiences in their first 1,000 days of life can have a lifelong effect on their health and wellbeing. Stress, trauma, poverty, and violence experienced during the first 1,000 days can have long term adverse health effects on a baby. With the passing of this legislation, home visiting is the intervention for improving maternal/child health outcomes and health disparities.

Home visiting goals are to positively impact pregnancy outcomes, improve child health and development and improve the health and economic self-sufficiency of the family. Interventions during pregnancy which impact pregnancy outcomes is the enhancement of social supports by increasing engagement of partners, family, and friends to provide emotional support while reinforcing the improvement in prenatal behaviors, as well as increasing identification and management of intimate partner violence. Home visiting also provides coordination of care through increased identification of substance use

concerns and referrals to community services, increased identification of mental health concerns with referrals to community services, identification of emerging obstetric complications and coordination with the client and the obstetric provider to address problems, and increased use of community resources to address family need for safe housing, food, etc.

To address the goal of Improving Child Health and Development, home visiting interventions positively impact the goal by enhancing safe, nurturing, positive, development-promoting care for the child through increased breastfeeding, increased healthy diet of the child, increased safe sleep practices, increased warm and sensitive responses to child behavior, increased access to books, games, and other appropriately stimulating materials, etc.

Improving the health and economic self-sufficiency of the family is the third goal of most if not all home visiting models. Home visiting works towards impacting this goal by coordination of care and support for appropriate use of resources by increased identification of substance use concerns and referrals to community services, increased use of appropriate preventative care for the parent, completion of education and finding employment.

When enhancement of social support and coordination of care work in tandem, communities can realize decreased preterm birth rates, decreased low birth weights, decreased child abuse and neglect, decreased youth arrests and adjudication for problem behaviors, reduced childhood mortality from preventable causes, increase in school readiness and academic achievement, and increase in cognitive ability among children of mothers with limited resources to cope with poverty.

I am humbled to have started Nurse-Family Partnership's flagship site in North Carolina, to work at the National Service Office and equally as important to have the honor and privilege to support the clinical implementation of Nurse-Family Partnership at Mary's Center. As a native of DC, I've waited twenty-three years for a Nurse-Family Partnership site in my hometown and my commitment to its success is unwavering.

In closing, I respectfully request the Council to pass this legislation as a crucial next step to expanding access to services that are proven to improve the health of families with multiple overlapping adversities.

I am happy to respond to any questions.

Hello, my name is Sonia Palomo, and I am the Program Manager for Parents as Teacher, a Home Visiting Program through Mary's Center. Thank you for the opportunity to share my experience with Home Visiting and ask that the Home Visiting Service Reimbursement Act be approved.

Before joining Parents as Teachers at Mary's Center, I worked for the Special Supplemental Nutrition Program for Women, Infant and Child. Often, I found myself hearing from program participants that their needs extended further than food assistance. Many times, the mothers shared that they were facing housing instability, domestic violence, lack of connection to resources in their communities so I thought, what if there was a program that could support those social determinants of health? That is when I came across Mary's Center Parents as Teachers Home Visiting Program and joined the team as a Home Visitor in 2017. In my role as a Home Visitor, I was able to help the caregivers build their circles of support and overcome the fear experienced with accessing services in the district. Many times, that support included calling an agency with the caregiver or accompanying them to various organizations so that they could receive the help they so desperately needed. Whether it was applying for housing programs, SNAP, TANF, childcare or their medical appointments, through the support of Home Visiting we are transforming family lives.

My role as a Home Visitor allowed me to meet the caregivers where they were by supporting their parenthood journey, we help accomplish immediate needs that allowed families to focus their health. Through the years the families that I worked with shared that they felt empowered to advocate for themselves. They felt more confident in asking for help and searching for resources to support their families. Also, they voiced that they felt that their

parenting journey was strengthened because they had an advocate in their corner. Now as the Parents as Teachers Program Manager it is imperative that we continue offering more families this unique support that addresses the caregiver's social determinants of health and create more stable, healthy, and strong families. With the approval of the Home Visiting Services Reimbursement Act we can accomplish this.

Council of the District of Columbia
Hearing on B25-0321
Home Visiting Services Reimbursement Act of 2023
Tomeaka Jupiter, Training and Technical Assistance Team Lead, Healthy Families America
October 4, 2023
Submitted September 26, 2023

Thank you, Chairperson Henderson, and councilmembers of the Committee on Health. My name is Tomeaka Jupiter (T-O-M-E-A-K-A_J-U-P-I-T-E-R). I am the National Training and Technical Assistance Team Lead with Healthy Families America, or HFA. In addition to supervising staff at the National Office, I support our local HFA sites in the District of Columbia, and I am honored to testify before you and alongside our DC partners.

This morning, I will provide a brief overview of Healthy Families America, our outcomes, and share what we've learned about utilizing Medicaid for early childhood home visiting in other jurisdictions.

HFA is one of the largest and most frequently implemented evidence-based home visiting models in the United States. It is the signature program of Prevent Child Abuse America, the nation's oldest and largest organization dedicated to the prevention of child abuse and neglect. HFA is voluntary and supports families with children prenatal through age five. We work with approximately 70,000 families annually, at nearly 600 local sites in 38 states, the District of Columbia, all five US territories and in Israel. Here in DC, HFA is one of the longest standing early childhood home visiting models, providing services to families for 28 years.

At its core, HFA utilizes a relational, infant mental health approach to achieve its vision for all children to receive the nurturing care from their family that is essential to leading a healthy and productive life. Our home visitors, called Family Support Specialists, are highly trained professionals who partner with families. Many HFA parents have experienced unresolved early childhood trauma themselves. That's why it is critical that HFA's approach is grounded in trauma-informed practice and focused on building trust.

The Family Support Specialist's first job is to build that trust with families, then collaborate to support positive parent-child interactions, identify needs, and set attainable goals. Family Support Specialists also conduct screenings on child development and maternal depression and refer families to other services as needed.

Rigorous research over the past 30 years has demonstrated that HFA's two-generation model achieves powerful results with diverse populations. Studies have shown that HFA leads to improved health outcomes for both children and mothers including:

- fewer low birth weight babies, with effects strongest for Black mothers;
- increased breastfeeding, prenatal visits, and well-child visits; and
- fewer depressive symptoms in mothers.

In addition to these health outcomes, research shows that HFA's approach improves child safety and prevents maltreatment. Children are less likely to have behavioral issues or receive special education services and are more likely to be successful in school. Caregivers engage in education and training opportunities at a higher rate and are less likely to experience homelessness.

It is important to note that families living in geographically and racially diverse communities, and experiencing a variety of stressors and challenges, demonstrate positive results when participating in HFA services.

The long-standing evidence of impact by programs like HFA is why this bill is before you. Extending health insurance coverage for eligible early childhood home visiting services will have a positive impact on children, families, and neighborhoods throughout the District of Columbia.

However, it is critical that these services get to the families who need them most. It will be important that the District Department of Health Care Finance considers carefully how to structure the reimbursement through these healthcare programs. Too many states have included early childhood home visiting in their Medicaid plans only to see it underutilized. Consistent challenges include complex billing procedures, lack of capacity at community-based

organizations to work with Medicaid, insufficient reimbursement rates, and lack of guidance on how to braid different funding streams to fully cover the cost of services.

These challenges can be overcome. The first step is to engage local home visiting providers during planning to ensure that the reimbursement process and rates are feasible, and to determine what capacity building or start-up funding might be needed, such as funding to adapt existing software to support billing. It is also important to consider the various funding streams that currently support home visiting in the District and work with providers to determine how those streams can be braided together to fully fund and expand the reach of these important services.

I commend your effort to expand early childhood home visiting. These investments will benefit the District and our nation. Thank you, once again, for your time and attention. I look forward to further conversation and questions.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Public Hearing on

B25-0321, the "Home Visiting Services Reimbursement Act of 2023"

Testimony of

Melisa Byrd
Interim Director, Department of Health Care Finance

Before the
Committee on Health
Council of the District of Columbia
The Honorable Christina Henderson, Chairperson

October 4, 2023
9:30 a.m.
Room 500
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Good morning, Chairperson Henderson, and members of the Committee on Health. I am Melisa Byrd, Interim Director of the Department of Health Care Finance (DHCF). I am here today to provide testimony on behalf of DHCF on B25-0321, the "Home Visiting Services Reimbursement Act of 2023". The stated purpose of this bill is to require DHCF to establish coverage of evidence-based home visiting services under DC Health Care Alliance (Alliance), Medicaid, and Immigrant Children's Programs effective October 1, 2024. The bill defines evidence-based home visiting programs as programs that:

1) Support expecting parents, parents, and legal guardians of children 5 years of age and under;
2) Provide access to person-centered and culturally competent services through weekly or monthly home visits;
3) Conform to an established model that is researched-based, has proven outcomes, and is associated with a national organization or educational institution that has comprehensive program standards; and
4) Meet federal Department of Health and Human Services (HHS) criteria for effectiveness as determined by HomVEE review or meet substantially equivalent criteria determined by a research or academic organization.

The services provided under a home visiting program proposed by the legislation include an array of pregnancy, postpartum, child development education, and mental health and counseling services, as well as other services that facilitate access to resources intended to improve health outcomes for parents and children.

Home Visiting Programs in the District

Home visiting programs are typically setup to support pregnant individuals and parents with young children and have indeed been effective in improving health outcomes. According to the Home Visiting Resource Council, home visiting can increase participation in prenatal care and improve early language and cognitive development in children, and help families develop a strong foundation during the early stages of parenting.

There are existing home visiting options for District residents – most notably through programs operated or funded by DC Health. DC Health currently operates or funds three in-home service programs that provide services to children and parents:

(1) The DC Healthy Start Project provides ongoing case management/home visitation to pregnant and postpartum women and men and their children. DC Healthy Start also provides free pregnancy tests and screenings in the community, including through mobile curbside health services for pregnant and parenting women. Program enrollment is targeted to residents of Wards 5, 7 and 8.

(2) The In-Home Parent Education (0-5yrs) Program provides funding for community organizations to facilitate in-home parenting education to parents of children up to five years of age.

(3) DC Linking and Tracking Surveillance (DCLTS) identifies and refers infants born in DC who are at-risk for developmental delays and disabilities.

Current State of Medicaid Covered Home Visiting Services

Nationally, approximately 28 states currently use federal financing through Medicaid to implement coverage of home visiting services.[1] The National Academy for State Health Policy identifies at least seven different Medicaid state plan benefit categories supporting home visiting. The most common benefit categories include targeted case management (TCM), extended services to pregnant women, and early and periodic screening, diagnostic, and treatment (EPSDT).

Most states support home visiting under an optional Medicaid benefit category, such as through a waiver or through the Children's Health Insurance Program (CHIP). Home visiting services may also be coverable under the Medicaid preventive services benefit. Home visiting models that are covered[2] include the Nurse Family Partnership, Health Access Nurturing Development Services (HANDS) Program, Healthy Families America (HFA), among others.

The District's Medicaid program does not currently cover home visiting services as defined in the legislation. However, there are existing services that provide components of home visiting, such as depression screening, child developmental screening, and postpartum recovery counseling. In the Medicaid managed care program, home visiting is provided for families delivering high-risk newborns. These services are available to both the newborn, parent and or caregiver(s). A patient assessment guide is used during the home visit to assess the home environment, parent-child/newborn attachment, family resources, supports and linkages, and risk factors. Coordination of primary and specialty care is critical during these early stages and is necessary to provide additional community resources to address identified social factors.

[1] https://nashp.org/state-medicaid-reimbursement-for-home-visiting-findings-from-a-50-state-analysis/
[2] https://nashp.org/medicaid-reimbursement-for-home-visiting-services/

The home visit assesses the diagnostic and treatment needs of the mother and newborn, including the evaluation of the need for post-partum care and follow-up care related to physical conditions, mental illness, or substance use disorder (SUD). As determined through the assessment, coordination of care and services is performed with follow-up health care for the newborn and mother (including protocols for mothers who are under the age of 21 and/or in need post-partum care and/or suspected of having a physical or mental health condition requiring further diagnosis and treatment).

To support early childhood development, care coordination related to Early Intervention (EI) is conducted through the Office of the State Superintendent of Education (OSSE), Women, Infants and Children (WIC) through DC Health, and family support services through the Department of Human Services (DHS), and other services. Ongoing follow-up continues throughout the child's first (1st) year of life which includes, but not limited to, additional home visiting to the newborn, mother and/or caregiver(s).

Implementing Home Visiting Services in the Medicaid Program

The District must receive federal approval from the Centers for Medicare and Medicaid Services (CMS) to expand the Medicaid benefit to include home visiting services. There are generally two pathways to obtain the necessary authority: 1) a Medicaid State Plan amendment or 2) an 1115 Demonstration waiver. Generally, the State Plan amendment pathway is more straightforward, but flexibility is limited and services must align with existing regulations. An 1115 waiver Demonstration provides states the opportunity to be more innovative and potentially includes services that are not typically reimbursed by Medicaid. Demonstration waivers have more stringent approval requirements, are time-limited, and require a longer timeline from development to implementation.

The Immigrant Children's Program and the Alliance program do not fall under the same authority of the Medicaid program and do not require federal approval. Unlike Medicaid, ICP and Alliance are local only programs. The District will not receive any federal support for the associated costs of adding a home visiting benefit to the ICP and Alliance programs.

In developing a home visiting services benefit in the Medicaid, Alliance, and ICP programs, it is important to partner with DC Health, existing providers, and Medicaid beneficiaries across the District. A Medicaid, Alliance and ICP home visiting benefit should support and complement existing efforts where possible, building on existing trust within and across our neighborhoods.

Conclusion

The District, through Mayor Bowser's leadership and commitment to improving maternal health, is undertaking efforts to improve health outcomes and expand options for families to be successful. Bill 25-0321 builds on existing programs and encourages expanding access to home visiting by leveraging federal Medicaid funding. The evidence-based program requirements are important and will ensure comprehensive services for families. While the Mayor supports all efforts to improve health care for District residents, it should be noted that providing legislative direction on the issue conflicts with the Mayor's authority and sole discretion to administer the District's Medicaid program. Thank you for the opportunity to testify today. This concludes my testimony, and I am pleased to address your questions.

ATTACHMENT
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BILL 25-0321 **COMMITTEE PRINT**

RACIAL EQUITY IMPACT ASSESSMENT
HOME VISITING SERVICES REIMBURSEMENT AMENDMENT ACT OF 2023

TO: The Honorable Phil Mendelson, Chairman, Council of the District of Columbia
FROM: Namita Mody, Director, Council Office of Racial Equity
LEAD ANALYST: Jarred Bowman, Racial Equity Analyst
DATE: December 12, 2023

COMMITTEE
Committee on Health

BILL SUMMARY
Bill 25-0321 extends locally and federally funded health insurance coverage to evidence-based home visiting service providers in the District.

CONCLUSION
- Bill 25-0321 will likely improve infant and maternal health outcomes for Black and Latine families in the District.
- Bill 25-0321 will likely improve economic security for Black and Latine home visitors in the District.

Content Warning: The following content touches on racism, poverty, and infant and maternal health and mortality. Some or all of these issues may trigger a strong emotional response. We encourage you to use this knowledge in the way that is most helpful to you.

DOCUMENT OVERVIEW

The document you are about to read is a Racial Equity Impact Assessment, a careful and organized examination of how Bill 25-0321 will affect different racial and ethnic groups. In other words, this assessment answers the question, "If Bill 25-0321 passes, how will it impact Black, Indigenous, and other residents of color in the District of Columbia?"

During Council Period 25 (from 2023-2024), the Council Office of Racial Equity can write up to two Racial Equity Impact Assessments (REIAs) while the Council is considering a bill.

First, we can write a REIA that analyzes the introduced version of the bill. We publish this REIA following the public hearing. If the committee decides to move the bill forward, we can also write a second REIA that analyzes the committee print (the updated draft of a bill after receiving feedback). The REIA on the committee print is published ahead of the committee vote (called the markup)—this is the REIA you are reading now.

Thanks to Riya Sharma, a 2023 CORE Fellow, for providing outstanding research assistance on this REIA.

For this bill, we have only written one REIA (analyzing the committee print) due to the timing of the bill's hearing in relation to the committee vote. For an in-depth explanation of the REIA process, see CORE's website.

BILL SUMMARY

FIGURE 1 RELEVANT TERMS FOR BILL 25-0321

TERM	DEFINITION
Home Visiting Services	Proven effective family support strategies that assist caregivers with creating a safe and supportive home environment for their families. (source)
Evidence-based Program	Programs that utilize practices that have been rigorously evaluated and demonstrated positive outcomes and effectiveness for specific populations in multiple studies. (source)

The following content summarizes Bill 25-0321 in plain language for the purposes of discussion. This explanation is not a substitute for reading the bill, or if passed, the law. Mentions of "bill" throughout this REIA refer to the committee print unless otherwise stated.

Home visiting is a voluntary multi-year program. Families earning low incomes are paired with family health professionals to provide holistic and personalized care supporting both immediate and long-term goals of families (with children up to the age 5).

Bill 25-0321 extends locally and federally funded health insurance coverage to evidence-based home visiting service providers in the District. If passed, Medicaid, the DC HealthCare Alliance Program, and the Immigrant Children's Program will reimburse qualifying home visiting providers.

The bill requires Medicaid to set eligibility criteria regarding which enrollees can participate in reimbursable services. At a minimum, 1) first time expectant parents and 2) those with children under five who exhibit at least three or more medical, behavioral, or social risk factors as determined by the DC Health Care Finance Agency must be eligible to receive reimbursable services.

Under current law, Medicaid does not reimburse home visiting providers for services rendered to its enrollees. By 2025, health insurance through Medicaid, the DC HealthCare Alliance, and the Immigrant Children's Program will cover and reimburse services to eligible enrollees as defined by the bill and the Medicaid State Plan.

To expand federal coverage of home visiting through Medicaid, the bill requires the Department of Health Care Finance (DHCF) to submit an amendment to the DC Medicaid State Plan authorizing Medicaid payments to qualifying home visiting programs in the District.[ii] The Medicaid State Plan is a written agreement between a state and the federal government detailing how the state plans to administer Medicaid.[1]

In developing changes to the Medicaid State Plan, DHCF must do the following:

a. Consult with organizations providing home visiting services and other relevant entities to establish processes for billing and reimbursing home visiting services, including:
    i. Setting competitive reimbursement rates
    ii. Developing program support and training for home visitors to facilitate billing; and

[ii] This must be done within six months of the bill's passage.

iii. Assessing the viability of incentive payments to home visitors whose clients attend postpartum appointments with a medical provider.

b. Consult with DC Health and other relevant entities to issue rules to determine eligibility for reimbursement by Medicaid, the DC HealthCare Alliance, and the Immigrant Children's Program.

Ultimately, if passed, Bill 25-0321 will require local and federal stakeholders to work towards a system of reimbursement for DC's home visiting programs. The bulk of the decision making for establishing this new system will occur at stakeholder convenings required by the bill.

BACKGROUND

To analyze the racial equity impacts of this bill, it is critical to understand the context surrounding the issue as well as data on current racial inequities. Below, we summarize research on DC's public health insurance programs and home visiting landscape.

Of course, we have not captured all relevant information related to these topics. We encourage you to dive further into the research on your own or by using the linked footnotes as a starting point.

CORE recognizes that people of all gender identities can experience pregnancy. In this section of the REIA and the next, CORE heavily references the experiences of people that identify as cisgender women,[iii] given that most of the research gathered focuses on cisgender people (and cisgender women in particular).

DC's Home Visiting Programs Help Black and Latine Families Thrive

The first several years of a child's life are essential to their long-term healthy development, but often new parents struggle to figure out how to best support their babies and themselves.[2] DC's home visiting programs pair trained family health professionals with parents to establish family goals, determine infant and maternal needs, and identify city-wide resources that can help promote safety and stability.[3] For example, the health professionals may collaborate with parents to establish a plan to begin breastfeeding, rehearse practices for managing stress, or connect families to programs like Healthy Steps, which provides an additional layer of support to families during each pediatric primary care visit.[4]

The District is home to 17 home visiting programs serving nearly 1,400 children and 1,300 families.[5,6] While eligibility varies by program, most participants are Black and Latine families with low incomes.[7] Some programs specialize in serving families experiencing homelessness, first time parents, and children in immigrant families.[8] Currently, DC's home visiting programs rely on a mixture of local, federal, and private funding to support DC families.[9] Since before the pandemic, however, many programs have experienced fluctuating funding, often times only receiving funds once, rather than a regular basis. This financial instability has made it difficult for providers to pay their staff competitive salaries and maintain annual services to families in their care.[10]

Nationally, most home visitors tend to be young and white, and 84% of home visitors are women.[11] In the District of Columbia, however, most home visitors are women of color, with 56% identifying as Hispanic/Latine and 27% identifying as Black.[12] Almost 64% of home visitors in the District are bilingual and can provide services in Spanish.[13]

Many home visitors report their work as rewarding, but large portions are also considering leaving the profession due to low compensation and limited job mobility.[14] Only 34% are satisfied with their annual salary which, on average, amounts to $43,997.[15] This figure is less than the cost of living in DC, which is $46,308 for a single adult.[16] As such, Latine and Black women are likely to face low wages since they make up a majority of home visitors.

[iii] Cisgender people are people whose current gender identity corresponds to the sex that the person had or was identified as having when they were born (see Merriam-Webster).

Medicaid, DC Healthcare Alliance, and Immigrant Children's Program Enrollment

Medicaid is a health insurance program that people may be eligible for based on their income.[17] Children may also be eligible based on their parent or legal guardian's income.[18] In 2022, Black residents made up the highest percentage of those with Medicaid (48%), followed by residents that identify with multiple races (23%), Latine residents (19%), and Asian, Native Hawaiian, and Pacific Islander residents (6%).[19]

The Immigrant Children's Program is a health insurance program for people under 21 who are not eligible for Medicaid due to their immigration status.[20] As of March 2023, 3,362 District children are enrolled in the Immigrant Children's Program (ICP).[21] In Fiscal Year 2019, Latine children made up the highest percentage of those enrolled (60%), followed by children that identify with the "other" racial category (28%), and Black children (9%).[22,iv]

DC Healthcare Alliance is a locally funded program that provides health insurance to DC residents with low incomes who do not qualify for Medicaid benefits.[23] As of 2018, about 49% of DC Healthcare Alliance program participants were Latine, 25% were white, and 21% identified as "other."[24]

In conclusion, Black residents make up the largest percentage of those enrolled in Medicaid, while Latine children and residents make up the largest percentage of those enrolled in the ICP and the DC HealthCare Alliance.[25] These enrollment trends by race and ethnicity are in part due to systemic racism and the relentless denial of education, employment, and wealth-building opportunities to Black, Indigenous, Latine, and other residents of color—all of which contribute to lower incomes.[26]

RACIAL EQUITY IMPACTS

Bill 25-0321 will likely improve infant and maternal health outcomes for Black and Latine families in the District. Pregnancy and childbirth can be a challenging experience for many expecting parents as it involves significant physical, emotional, and financial costs to families. This experience presents even greater risks to Black mothers as they are far more likely to experience childbirth related deaths than any other race.[27] The District's Black maternal mortality rate is 139 deaths per 100,000 live births, while the rates for white and Hispanic DC mothers are 23 and 19 deaths per 100,000 live births, respectively.[28,29] The rate of maternal mortality for Black women in DC is higher than the national average for all races.[30] Research shows that many of these deaths are preventable and can be tied back to a lack of access to high-quality prenatal care and racial disparities in medical treatment.[31]

Fortunately, there is a large body of evidence pointing to the positive impacts that home visiting programs can have on infant and maternal health in Black and Latine families.[32,33,34] As a prevention program, home visiting services have been tied to improvements in early child development, maternal mental health, child and parental education, and economic security.[35] One study by the U.S. Department of Health and Human Services found that "70 percent of state programs reported improvements to parents' emotional well-being by successfully lowering reported parental stress and reducing rates of depressive symptoms among participating families."[36]

Ultimately, home visiting programs operate within a larger system of family health care services that together help families create safe and supportive home environments to benefit the child and the caregiver over the long term.[37] By making home visiting programs reimbursable under Medicaid, DC Healthcare Alliance, and ICP, more of DC's Black and Latine families will be able to benefit from these essential resources.

[iv] For readability, CORE has included annual data for the ICP to match the annual data provided for Medicaid and CHIP. The most recent annual data available to CORE is for Fiscal Year 2019.

Bill 25-0321 will likely improve economic security for Black and Latine home visitors in the District. On average, home visitors in the District earn salaries around $43,000 a year—considered by most measures below the cost of living in DC.[38] Across the city, these skilled and dedicated workers are responsible for supporting families to reach their goals but in many cases, they struggle themselves to provide for their own families.

An underpaid workforce often results in high turnover and instability in the field.[39] The bill's requirement to set competitive reimbursement rates increases the likelihood that home visitors will be paid a living wage to care for their families and sustain services to their clients.[40]

ASSESSMENT LIMITATIONS

We generally do not provide policy solutions or alternatives to address our racial equity concerns. While Council Period 25 Rules allow our office to make policy recommendations, we focus on our role as policy analysts—we are not elected policymakers or committee staff. In addition, and more importantly, racially equitable policymaking takes time. We would need more time to ensure comprehensive research and thorough community engagement inform our recommendations.

Assessing legislation's potential racial equity impacts is a rigorous, analytical, and organized undertaking—but it is also an exercise with constraints. Our assessment is our most educated hypothesis of the bill's racial equity impacts.

Regardless of the Council Office of Racial Equity's final assessment, the legislation can still pass. Though if a REIA is issued for a bill, committees must summarize and respond to the assessment in their committee report (a public document contextualizing the legislation). Committee reports can be found via the Legislative Information Management System (LIMS) after a bill's mark up.

If a REIA identifies a negative impact on racial equity, the bill may be placed on the non-consent agenda at the next legislative meeting. However, a REIA is not binding.

This assessment aims to be accurate and useful, but it is unlikely that we will raise *all* relevant racial equity issues present in a bill. An omission from our assessment should not: 1) be interpreted as a provision having no racial equity impact or 2) invalidate another party's racial equity concern.

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[1] "Medicaid State Plan Amendments." Medicaid.gov. 2023.
[2] "Adjusting to parenthood." Centre of Perinatal Excellence. 2023.
[3] "Voices From the Field: The Experiences of the District's Home Visitors." DC Home Visiting Council. 2021.
[4] Wagoner, Chris van. "ZERO TO THREE HealthySteps - Early Childhood Development Experts in Pediatrics." HealthySteps. 2023.
[5] Bowman, Jarred. "Home Visiting." Under 3 DC. 2022.
[6] See the written testimony of Mary Katherine West of DC Action for B25-0321 on October 10, 2023.
[7] See the written testimony of Nisa Hussain for Home Visiting Programs on June 10, 2020.
[8] "The District of Columbia Home Visiting Council Annual Report." DC Action. 2021.
[9] "The District of Columbia Home Visiting Council Annual Report." DC Action. 2021.
[10] "Voices From the Field: The Experiences of the District's Home Visitors." DC Home Visiting Council. 2021.
[11] "Voices From the Field: The Experiences of the District's Home Visitors." DC Home Visiting Council. 2021.
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[16] "Standardizing Wages, Boosting Funding, and Streamlining Reporting Will Strengthen the Home Visiting Profession." DCAction. 2023.
[17] "Who's Eligible for Medicaid?" U.S. Department of Health and Human Services. December 8, 2022.
[18] Ibid.
[19] "Medicaid Coverage Rates for the Nonelderly by Race/Ethnicity." Kaiser Family Foundation. October 28, 2022. This data source did not provide percentages for residents that identify as Indigenous.
[20] "Immigrant Children's Program." DC Department of Health Care Finance. 2023.
[21] "Monthly Enrollment Report March 2022 - March 2023." DC Department of Health Care Finance. April 2023.
[22] "FY20 Oversight Hearing." DC Department of Health Care Finance. June 2021.
[23] "DC Healthcare Alliance Fact Sheet." Department of Health Care Finance. 2022.
[24] "Immigrant Children's Program and DC Health Care Alliance." DC Action. 2023.
[25] "FY20 Oversight Hearing." DC Department of Health Care Finance. June 2021.
[26] "DC Racial Equity Profile." Council Office of Racial Equity, 2021.
[27] "Better Outcomes for Black Birthing People." American University. August 1, 2022.
[28] "Perinatal Health and Infant Mortality Report." DC Health. 2022.
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[30] Hoyert, Donna L. "Maternal Mortality Rates in the United States." Centers for Disease Control and Prevention. 2021.
[31] Dembosky, April. "Health department medical detectives find 84% of U.S. maternal deaths are preventable." NPR. 2022.
[32] "Addressing Racial and Ethnic Disparities in Maternal and Child Health Through Home Visiting Programs." Center for Health Care Strategies. 2021.
[33] "Home Visiting: Impressing Outcomes for Children." National Conference of State Legislatures. 2022.
[34] Sandstrom, Heather. "Early Childhood Home Visiting Programs and Health." Health Affairs. 2019.
[35] "Addressing Racial and Ethnic Disparities in Maternal and Child Health Through Home Visiting Programs." Center for Health Care Strategies. 2021.
[36] "Demonstrating Improvement in the Maternal, Infant and Early Childhood Home Visiting Program." U.S. Department of Health and Human Services. 2016.
[37] Sandstrom, Heather. "Early Childhood Home Visiting Programs and Health." Health Affairs. 2019.
[38] "Voices From the Field: The Experiences of the District's Home Visitors." DC Home Visiting Council. 2021.
[39] McDermott, Janie and Goger, Annelies. "The health care workforce needs high wages and better opportunities." Brookings. 2020.
[40] McDermott, Janie and Goger, Annelies. "The health care workforce needs high wages and better opportunities." Brookings. 2020.

ATTACHMENT
D

Government of the District of Columbia
Office of the Chief Financial Officer

Glen Lee
Chief Financial Officer

MEMORANDUM

TO:	**The Honorable Phil Mendelson** **Chairman, Council of the District of Columbia**
FROM:	**Glen Lee** **Chief Financial Officer**
DATE:	**December 11, 2023**
SUBJECT:	**Fiscal Impact Statement – Home Visiting Services Reimbursement Amendment Act of 2023**
REFERENCE:	**Bill 25-321, Draft Committee Print as provided to the Office of Revenue Analysis on December 11, 2023**

Conclusion

Funds are not sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill. The bill will cost $8.2 million ($3.02 million local; $5.18 million federal) in fiscal year 2025 and $34.8 million ($12.8 million local; $22 million federal) over the financial plan.

Background

Home visiting is a method of delivering early intervention support to expectant parents and families with young children. Home visitors regularly meet with families in their homes to provide education, coaching, and counseling on specific topics that improve health outcomes for young children and their parents. There are seventeen home visiting programs operating in the District that are funded through a mix of federal grants, local grants, and private funding. A total of 1,374 families were served in 2022 by these programs, but not all of these home visits qualify for Medicaid reimbursement.[1]

The bill requires Medicaid, DC Health Care Alliance (Alliance), and the Immigrant Children's Program (ICP) to cover home visiting services for pregnant, first-time parents and pregnant parents with children under the age of five who meet certain medical, behavioral, or social risk factors. The Department of Health Care Finance (DHCF) must, within nine months of the bill's effective date, submit for approval from the Centers for Medicare and Medicaid Services (CMS) an amendment to

[1] District of Columbia Home Visiting Council 2022 Annual Report. See: http://www.dchomevisiting.org/uploads/1/1/9/0/119003017/annual_report_2022_hvc-v2__1__1_.pdf.

the Medicaid state plan to authorize payments for home visiting services. DHCF must also consult with home visiting providers to establish criteria and processes for billing and reimbursement including coverage criteria and a monthly payment reimbursement structure. DHCF must issue rules in consultation with the Department of Health to determine eligibility for reimbursement. DHCF must begin reimbursing eligible evidence-based home visiting programs[2] beginning January 1, 2025.

Financial Plan Impact

Funds are not sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill. The bill will cost $8.2 million ($3.02 million local; $5.18 million federal) in fiscal year 2025 and $34.8 million ($12.8 million local; $22 million federal) over the financial plan.

Bill 25-321 - Home Visiting Services Reimbursement Amendment Act of 2023 Total Cost (Dollars in Thousands)					
	FY 2024	FY 2025	FY 2026	FY 2027	Total
Medicaid (Local)[(a)]	$0	$1,622	$2,291	$2,424	$6,878
Alliance (Local)[(b)]	$0	$1,397	$1,973	$2,086	$5,921
Local Total	**$0**	**$3,019**	**$4,264**	**$4,510**	**$12,799**
Medicaid (Federal)[(c)]	$0	$5,182	$7,319	$7,741	$21,970
Grand Total	$0	$8,201	$11,583	$12,251	$34,769

Table Notes:

(a) Assumes start date of January 1, 2025. Assumes 954 Medicaid home visit families and annual cost of $2,268 per family. Assumes cost growth of 1.7 percent and additional Medicaid family capacity of 40 families each year.

(b) Assumes start date of January 1, 2025. Assumes 246 Alliance home visit families and annual cost of $7,560 per family. Assumes cost growth of 1.7 percent and additional Alliance family capacity of 10 families each year.

(c) Assumes Federal Medical Assistance Percentage of 70 percent for Medicaid.

The Medicaid and Alliance programs require additional funding to implement the bill. The DC Home Visiting Council estimates an average annual cost of $7,560 per family who receives home visiting services. Assuming CMS approval of a Medicaid state plan amendment to cover home visiting service, the District will be responsible for funding $2,268 per family annually with local funding, after federal reimbursement.[3] The Alliance program does not receive federal matching funding so the District will be required to cover the entire annual cost of $7,560 per family. The cost of providing these services to Medicaid and Alliance enrollees will be factored into the per-member capitation rates for managed care organizations that is recalculated every year.

Thirteen of the District's seventeen home visiting programs have the required certifications to qualify for Medicaid and Alliance reimbursement. These thirteen programs can serve approximately 1,200 families each year. Currently, 79 percent of the 4,000 annual births covered by DHCF programs occur

[2] Evidence-based home visiting programs include those that meet U.S. Department of Health and Human Services criteria for evidence of effectiveness as determined by a Home Visiting Evidence of Effectiveness review or meet substantially equivalent criteria for evidence of effectiveness as determined by a credible, independent academic or research organization.

[3] The District's Federal Medical Assistance Percentage (FMAP) is 70 percent.

among Medicaid enrollees, and 21 percent occur with Alliance enrollees. Applying this ratio to the 1,200 family capacity of evidence-based home visiting programs means that DHCF can expect to cover home visits for 954 Medicaid families and 246 Alliance families every year. Home visiting capacity will likely increase to accommodate more families due to the funding stability Medicaid and Alliance coverage will provide. The Office of Revenue Analysis estimates that one new program will open each year, serving approximately 50 families, split proportionally among Medicaid and Alliance enrollees until there is sufficient capacity to meet the projected demand of 1,500 families in 2031.

Projected Home Visit Capacity Eligible for Reimbursement by Fiscal Year			
	FY 2025	FY 2026	FY 2027
Projected Medicaid Capacity	954	993	1,033
Projected Alliance Capacity	246	257	267
Total	1,200	1,250	1,300

ATTACHMENT
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OFFICE OF THE GENERAL COUNSEL
Council of the District of Columbia
1350 Pennsylvania Avenue NW, Suite 4
Washington, DC 20004
(202) 724-8026

MEMORANDUM

TO: **Councilmember Christina Henderson**

FROM: **Nicole L. Streeter, General Counsel** *NLS*

DATE: **December 11, 2023**

RE: **Legal Sufficiency Determination for Bill 25-321, the Home Visiting Services Reimbursement Amendment Act of 2023**

The measure is legally and technically sufficient for Council consideration.

This bill would amend Title I of the Birth-to-Three for All DC Amendment Act of 2018, effective October 30, 2018 (D.C. Law 22-179; D.C. Official Code § 4-651.01 *et seq*.), by adding a new section 111 that would require health insurance coverage through Medicaid or the DC HealthCare Alliance and the Immigrant Children's Program to cover and reimburse eligible home visiting services provided by an eligible home visitor program and the Department of Health Care Finance to submit a Medicaid State Plan Amendment to authorize such Medicaid payments.

I am available if you have any questions.

ATTACHMENT
F

COMPARATIVE PRINT
B35-0321
COMMITTEE ON HEALTH
DECEMBER 12, 2023

Title I of the Birth-to-Three for All DC Amendment Act of 2018, effective October 30, 2018 (D.C. Law 22-179; D.C. Official Code § 4-651.01 et seq.):

[Sections 101-110.]

Sec. 111. Reimbursement for home visiting services.

(a) By January 1, 2025, health insurance coverage through Medicaid or the DC HealthCare Alliance and the Immigrant Children's Program shall cover and reimburse eligible home visiting services provided by an eligible home visitor program; except, that no Medicaid payment shall be made until such time that the Centers for Medicare & Medicaid Services ("CMS") approves the Medicaid state plan amendment described in subsection (b) of this section.

(b)(1) By December 31, 2024, DHCF shall submit for approval from CMS an amendment to the Medicaid state plan to authorize the Medicaid payments described in this section.

(2) While preparing the Medicaid state plan amendment application, DHCF shall:

(A) In consultation with organizations providing home visiting services and other relevant entities, establish criteria and processes for billing and reimbursement of eligible home visiting services, including:

(i) Establishing coverage and eligibility criteria to include at least the covered population;

(ii) Establishing a payment methodology based on monthly payments per individual or family receiving eligible home visiting services so that the payment results in adequate reimbursement;

(iii) Developing program support and training for home visitors to facilitate billing; and

(iv) Assessing the viability of incentive payments to home visitors whose clients attend postpartum appointments with a medical provider.

(B) In consultation with DOH and other relevant entities, issue rules to determine eligibility for reimbursement by Medicaid, the DC HealthCare Alliance, and the Immigrant Children's Program.

(c) For purposes of this section, the term:

(1) "Covered population" means:

(A) First-time expectant parents; and

(B) Families, and expectant parents, who have children under the age of 5 and who meet 3 or more medical, behavioral, or social risk factors as determined by DHCF.

(2) "Eligible home visiting program" means a home visiting program that conforms to a home visitation model that has been in existence for at least 3 years and:

(A) Is research-based and grounded in relevant empirically-based knowledge;

(B) Has demonstrated program-determined outcomes;

(C) Is associated with a national organization, institution of higher education, or other organization that has comprehensive home visitation program

standards that ensure high quality service delivery and continuous program quality improvement; and

(D) Meets the U.S. Department of Health and Human Services' criteria for evidence of effectiveness as determined by a Home Visiting Evidence of Effectiveness review or meets substantially equivalent criteria for evidence of effectiveness as determined by a credible, independent academic or research organization.

ATTACHMENT
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COMMITTEE PRINT
B25-0321
Committee on Health
December 12, 2023

A BILL

B25-0321

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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To amend Title I of the Birth-to-Three for All DC Amendment Act of 2018 to extend health insurance coverage through Medicaid, DC HealthCare Alliance, and the Immigrant Children's Program for eligible home visiting services.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Home Visiting Services Reimbursement Amendment Act of 2023".

Sec. 2. Title I of the Birth-to-Three for All DC Amendment Act of 2018, effective October 30, 2018 (D.C. Law 22-179; D.C. Official Code § 4-651.01 *et seq.*), is amended by adding a new section 111 to read as follows:

"Sec. 111. Reimbursement for home visiting services.

"(a) By January 1, 2025, health insurance coverage through Medicaid or the DC HealthCare Alliance and the Immigrant Children's Program shall cover and reimburse eligible home visiting services provided by an eligible home visitor program; except, that no Medicaid payment shall be made until such time that the Centers for Medicare & Medicaid Services ("CMS") approves the Medicaid state plan amendment described in subsection (b) of this section.

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"(iv) Assessing the viability of incentive payments to home visitors whose clients attend postpartum appointments with a medical provider.

"(B) In consultation with DOH and other relevant entities, issue rules to determine eligibility for reimbursement by Medicaid, the DC HealthCare Alliance, and the Immigrant Children's Program.

"(c) For purposes of this section, the term:

"(1) "Covered population" means:

"(A) First-time expectant parents; and

"(B) Families, and expectant parents, who have children under the age of 5 and who meet 3 or more medical, behavioral, or social risk factors as determined by DHCF.

"(2) "Eligible home visiting program" means a home visiting program that conforms to a home visitation model that has been in existence for at least 3 years and:

"(A) Is research-based and grounded in relevant empirically-based knowledge;

"(B) Has demonstrated program-determined outcomes;

"(C) Is associated with a national organization, institution of higher education, or other organization that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; and

"(D) Meets the U.S. Department of Health and Human Services' criteria for evidence of effectiveness as determined by a Home Visiting Evidence of Effectiveness review or meets substantially equivalent criteria for evidence of effectiveness as determined by a credible, independent academic or research organization.".

Sec. 4. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 5. Effective date.

This act shall take effect after approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December

24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.